Book of Abstracts (Posters)

Institute of Obstetricians and Gynaecologists, RCPI
Four Provinces Meeting

Junior Obstetricians and Gynaecology Society Annual
Scientific Meeting

Friday 23rd November 2018

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AUDIT OF OBSTETRIC ANAL SPHINCTER INJURIES AT GALWAY UNIVERSITY HOSPITAL 2017

POSTER

Helena Bartels, Nicola Whelan, Debbie Fallows

University Hospital Galway, Galway, Ireland

Obstetric Anal Sphincter Injury (OASIS) is defined as damage to the anal sphincter and/or the rectal mucosa. While it is not possible to prevent all OASIS, a number of guidelines have been developed in order to ensure appropriate identification, repair and long term follow up.

The purpose of this audit is to review OASIS at University Hospital Galway in 2017.

A retrospective audit was conducted over a 12 month period. Every patient who experienced an OASIS was included. Data on patient demographics, parity, labour, anal sphincter repair and physiotherapy was recorded.

39 patients were identified, giving an overall incidence of 2% of all vaginal deliveries. The incidence of OASIS in those with a spontaneous vaginal delivery was 1.4%, for vacuum delivery 2.8%, sequential instruments 4.4% and 6.1% for all forceps deliveries. The highest incidence occurred in babies weighing more than 4500g, with an incidence of 3.1 %.

Physiotherapy referral was arranged for 87% of patients. At 6 weeks postnatal, 62% had symptoms of bowel incontinence. 3 months postnatal, 20.6% were still symptomatic; at 6 months this had reduced to 11.76% and at 9 months this had reduced to 0%. At 6 weeks postnatal, 83% of 3b tears were symptomatic as opposed to 50% of 3a tears. Patients were twice as likely to be symptomatic after an instrumental delivery compared with after a Spontaneous vaginal delivery.

In conclusion, there is a downward trend in OASIS rates since 2014 and patients who attended physiotherapy continue to have excellent long term outcomes.

EVALUATION OF THE MANAGEMENT OF VAGINAL BIRTH AFTER CAESAREAN SECTION IN MIDLAND REGIONAL HOSPITAL PORTLAOISE

POSTER

Ream Langhe, Ume Salma, Elmuiz Haggaz, Niamh Maher

Midland Regional Hospital Portlaoise, Dublin, Ireland

The rising incidence of caesarean section (CS) worldwide has become a matter of concern among clinicians. Elective repeat caesarean section (ERCS) is associated with higher morbidity and mortality compared to vaginal birth. Vaginal birth for women who had a previous CS has been described as one of the strategies to decrease the rate of CS. Planned VBAC may be offered to the majority of women who have had a single previous lower segment CS with or without a history of previous vaginal birth.

The aims of this study were to assess clinical practices used by Midland Regional Hospital Portlaoise (MRHP) department, in management of vaginal birth after caesarean section as per national and international guidelines.

A-retrospective audit of VBAC over a period of 6 months was carried out in MRHP. The audit standards were birth after caesarean section; RCOG and RCPI guidelines.

A total of 40 women had opted to undergo VBAC during the study period. The overall success rate of VBAC was 67.50%. The factors associated with failed VBAC in this study population included induction of labour, indication for the previous LSCS being poor progress in labour.

Our findings suggest that most guidelines as per RCOG and RCPI are adhered to, however, neither VBAC leaflet nor VBAC assessment checklist used during the consultation. Our study recommends changes in practice so patient information leaflets and VBAC assessment pathway to be included in patient counselling. A re-audit to be carried out following implementation of the above.

REVIEW OF THE MANAGEMENT OF PRETERM PRELABOUR RUPTURE OF MEMBRANE

POSTER

Ream Langhe, Asifa Andaleeb, Mohamed Salim, Etop Akpan

Our Lady of Lourdes Hospital, Drogheda, Ireland

Preterm prelabour rupture of membrane (PPROM) complicates only 2% of pregnancies. However, it is associated with 40% of preterm deliveries and can result in significant neonatal morbidity and mortality. Local Clinical Guidelines for the management of this condition have been developed in Our Unit based on National/International guidelines.
This study aims to compare the management of PPROM in our hospital with National/International guidelines.

A retrospective audit over a 1-year period for the investigation and management of women presented with PPROM was carried out. Maternal age, gestation, haematological, biochemical, microbiological results as well as pharmacological treatment and outcomes were recorded. All information was retrieved from the birth registry.

A total of 38 women were admitted following the diagnosis of PPROM. The gestational age range from 29 to 36 weeks. Almost all women received at least one dose of erythromycin. Out of 10 (26.3%) women who presented at 34 weeks or earlier 9 received steroids. 39 babies were delivered including one set of twins. 22 (56.4%) babies required admission to Neonatal Intensive Care Unit. There was no neonatal mortality.

This audit indicates that the management of women with premature rupture of membranes in our Unit is consistent with the current National and International clinical practice guidelines. However, re-auditing needs to be carried out from time to time to ensure that the same level of good practice is maintained.

THE ROLE OF INTERVENTIONAL RADIOLOGY IN THE MANAGEMENT OF OBSTETRIC AND GYNAECOLOGICAL HAEMORRHAGE THE IRISH EXPERIENCE

POSTER

Cormac O'Brien[1], Gerard Healy[1], Breffini Anglim[2], Maria Cheung[2], David Brophy[1], Colin Cantwell[3]

[1]Department of Radiology, St Vincent's University Hospital, Dublin, Ireland, [2]National Maternity Hospital, Dublin, Ireland, [3]Department of Radiology, St Vincent's University Hospital, Dublin, Ireland

Background

Both obstetric and gynaecological haemorrhages are a major cause of preventable mortality and morbidity.

Aim

We describe our experience of Interventional Radiology treatment of women with obstetric and gynaecological emergencies in an Irish tertiary referral hospital.

Methods

This was a retrospective study of obstetric haemorrhage cases who underwent embolisation from a stand-alone maternity hospital to a tertiary referral centre with interventional radiology services between 2010 to 2015.

Results

23 patients with or at risk of obstetric or gynaecological haemorrhage requiring interventional radiology input were identified.The average age of the women was 40 (SD +/-9) years. The majority of cases were referred for management of post-partum haemorrhage (PPH n=14, 61% total cases). 82% of cases were performed under conscious sedation. In 22 of the cases the bleeding was completely controlled by the radiological intervention giving a technical success rate of 95%. In one case of PPH the patient represented 6 days later and underwent examination under anaesthesia and surgical arterial ligation. There were no serious complications.

Conclusion

Arterial embolisation and occlusion performed by Interventional Radiology are highly effective for uncontrolled obstetric haemorrhage and high risk obstetric delivery, which can be performed under conscious sedation in the majority of cases. The co-ordination of complex cases between the radiology and obstetric teams can be challenging across geographically separate campuses and therefore the relocation services in the Dublin region provides an opportunity for closer collaboration with radiology and ultimately better outcomes for patients.

OBSTETRICS ANAL SPHINCTER INJURIES (OASIS) – INCIDENCE AND PREDISPOSING FACTORS

POSTER

Sie Ong Ting, Lavanya Shailendranath, Tasneem Ramhendar

Wexford General Hospital, Wexford, Ireland

This is a retrospective study involving all patients sustaining third and fourth degree perineal trauma in the year 2015 and 2016. All medical charts were retrieved from medical record department.

This study aims to look into the incidence of OASIS and some possible predisposing factors of OASIS locally in our maternity unit.

Our maternity unit reported a low incidence of third and fourth degree perineal tear of only 1% (19/1885 in 2015 and 19/1799 in 2016). 97% of the mother was Caucasian with only 3% Asian ethnicity. Average BMI was calculated as 25.8.

Majority were nulliparous (83.9%) and the multiparous woman who had third and fourth degree perineal tear had no history of third or fourth degree tear in their previous delivery.

55% of the women laboured spontaneously and all deliveries took place in the labour ward with 41.9% delivered by midwives, 35.5% by registrars and 22.6% by the consultants. 52% of the birthing women needed instrumental delivery with 61.1% babies delivered via kiwi delivery, 11.1% delivered by Neville-Barnes Forceps while 27.8% needed second instrument for delivery. Episiotomy was performed in 55% of the deliveries with majority of the head positioned occipital anterior (61%) while 32% presented in occipital posterior and 7% in occipital transverse position.

Infants were all delivered at gestation 40 weeks with average birthweight of 3720g with 61% boys and 39% girls.

A larger scale involving more years of collection might be beneficial in identifying modifiable risk factors to improve our local maternity service.

CERCLAGES RINGS AND PROGESTERONE TO PREVENT PRETERM BIRTH IN HIGH RISK WOMEN

POSTER

Lisa Comerford[1,2], Ann Rowan[2], Larissa Luethe[2], Shane Higgins[2], Vicky O' Dwyer[2]

[1]University College Dublin, Dublin, Ireland, [2]National Maternity Hospital, Holles Street, Dublin, Ireland

To analyse obstetric outcomes in women with cervical cerclage or pessary to prevent spontaneous pre-term birth.

A prospective observational study between 2012-2017. Inclusion factors: women attending the hospital's preterm surveillance clinic due to a history of previous spontaneous delivery between 16-36 weeks or ≥2 large loop excision of the transformation zone (LLETZ) procedures. Cervical cerclages (McDonald's technique) were history indicated or based on cervical length <25mm at <24 weeks gestation on transvaginal ultrasound. Ring pessaries were inserted for women with a cervical length <25mm when gestation was ≥24 weeks. Delivery outcomes were obtained from the hospital's computerised database.

54 women underwent intervention to prevent preterm birth; 92.6%(50) undergoing cerclage and 7.4%(4) ring pessary insertion. Average age was 34 years, BMI 26.76kg/m2 and 44.4%(24) were nulliparous. There were 3 twin pregnancies. 57.4%(31) had a history of preterm birth, 33.3%(18) ≥2LLETZ and 9.2%(5) had both. Average gestation at cerclage was 15.9 weeks; 38.8%(21) inserted between 12-14 weeks, 44.4%(24) inserted between 16-24 weeks gestation. All women received hydroxyprogesterone acetate injections from 17-34 weeks gestation.

Average gestation at delivery 35.7 weeks, 96.3%(52) delivering ≥28 weeks, 50%(27) >37 weeks. Average birth weight was 2.68Kg. Majority delivered vaginally 63%(34), 27.7%(15) by emergency cesarean, 9.3%(5) by elective cesarean. There was 1 neonatal death.
Cerclage was associated with similar outcomes whether it was indicated for previous preterm birth or 2 LLETZ. Early cerclage insertion had the most favourable gestation at delivery.

THE PROFILE OF WOMEN ATTENDING THE NATIONAL MATERNITY HOSPITAL EMERGENCY OUT OF HOURS SERVICE TWO DECADES ON A RETROSPECTIVE REVIEW

POSTER

Oliver O Brien[1], Sadhbh Lee[2], Anitha Baby[2], Fionnuala McAuliffe[2], Mary Higgins[2]

[1]University College Dublin, Dublin, Ireland, [2]National Maternity Hospital, Dublin, Ireland

The NMH out of hours emergency service (OHS) is a very busy service with limited resources. Awareness of the profile of women attending is important for optimal service provision and resource allocation.

This study aimed to review the profile of women attending the OHS in a maternity hospital and compare it to a previous study.

Presentations from 2017 were reviewed. Demographic information was recorded including timing of presentation, reason and outcome. This data was then compared to the earlier data from 1993.

In 2017, 9,020 women attended the OHS emergency care. This represents a 334% increase since the last review in 1993. Most (84.7%) were antenatal. The most common reason for presenting to the OHS in 1993 was first trimester bleeding. In 2017, over half of antenatal women (51%) presented with “other” reasons, such as vomiting, hypertension or suspected pre-eclampsia. Admission rates significantly decreased from 1993 (38% in 1993 vs. 16% in 2017; $p<0.05$).

Numbers attending for emergency maternity care have increased in numbers and in variety of presentations. This is an important service within the NMH. It is important that women are seen and cared for in a compassionate, kind and evidence based manner.

MANAGEMENT OF ECTOPIC PREGNANCY AN AUDIT HOW DO THE RESULTS COMPARE WITH CLINICAL PRACTICE GUIDELINES

POSTER

Ream Langhe, Anam Munir, Mohamed Salim, Etop Akpan

Our Lady of Lourdes Hospital, Drogheda, Ireland

Ectopic pregnancy (EP) occurs in about 1-2 % of all pregnancies. The aetiology remains uncertain, although, certain risk factors exist. However, the majority of women with ectopic pregnancy have no identifiable risk factors. The diagnosis relies on a combination of serial measurements of β-hCG and ultrasound scanning. EP can be managed expectantly, medically or surgically. Surgical methods are still the mainstay in the management of EP with laparoscopic surgery being currently the gold standard. However, negative laparoscopy has been reported in 3.7-16% of published audits.

A-retrospective audit of the management of ectopic pregnancy at OLOH, Drogheda from January 2017 to January 2018.

The main objectives of this audit are to confirm our compliance with RCOG and local guidelines and to determine the number of negative laparoscopy for EP.

44 cases were included in the audit. The median age was 32 years and BMI 68. Of the 44 women, 30 (68.2%) were multiparous while 13 women (29.5%) were nulliparous. 34 women (77.2%) had no previous history of EP, 9 (20.5%) had 1 ectopic and 1 (2.3%) had 2 ectopic. 29 (66%) women were treated surgically, 8 (18.2%) received methotrexate, 5 (11.4%) had medical and surgical management and 2 (4.5%) women had an expectant management. Of the 29 women who had surgical management, 2 (6.9%) women had negative laparoscopy. No maternal morbidity or mortality occurred.

This audit indicates that our management is consistent with the current guidelines. In addition, our negative laparoscopy rate is in keeping with previous published audits

WHAT IS THE VALUE OF ROUTINE MICROBIOLOGY IN WOMEN ATTENDING COLPOSCOPY

POSTER

Claire Mc Carthy[1], Nóirín Russell[1,2]

[1]Cork University Maternity Hospital, Cork, Ireland, [2]University Hospital Kerry, Tralee, Ireland

Colposcopy services provide an opportunity for healthcare promotion. The incidence of sexually and non-sexually transmitted diseases has also been increasing over the past 20 years.

We aimed to evaluate the feasibility and acceptability of sexual health screening at the time of colposcopy examination.

We conducted a retrospective review of all women attending the colposcopy service in University Hospital Kerry(UHK) over a 6-year period. Quantitative analysis was performed on data from women who had consented to opportunistic screening via high vaginal(HVS) and endocervical swab(ECS) testing.

Colposcopy was attended by 7156 women during the study period, with 3460(48.3%) new referrals. 2672(37.3%) of all women(and 2565(74.1%) of new referrals) consented to screening. A HVS and ECS were performed in 2629(98.3%) and 2381(89.1%) respectively. Bacterial vaginosis(BV) was detected in 131(5.0%) women, with 362(13.8%) cases of Group B Streptococcus(GBS) and 324(12.3%) incidences of Candida. 34(1.4%) tested positive for Chlamydia Trachomatis(CT), of whom 31.5%(n=6) were smokers. High grade colposcopic findings were present in 10(29.4%) with CT, compared to 132(16.1%) with a positive HVS(p=0.057).

While there is a low rate of CT, GBS and BV positivity in this cohort of women, this study demonstrates acceptability of sexual health screening to women, which may be implicated in obstetric and gynaecological conditions. Research into molecular genotyping of opportunistic microbiological sampling could lead to breakthroughs in the management of adverse events.

DEBUNKING DEBRIEFING DEVELOPING A DIRECTED DISCUSSION POST DELIVERY

POSTER

Claire Mc Carthy, Nóirín Russell

Cork University Maternity Hospital, Cork, Ireland

Debriefing of women by obstetricians is recommended following adverse events, and can reduce psychological morbidity and anxiety in future pregnancies.

It was aimed to evaluate and improve rates of obstetric debriefing following operative deliveries.

Consecutive delivery records were collated for all publicly booked operative vaginal deliveries and Caesarean Section(CS)(n=292) over a six-week period. Chart review assessed documentation and content of postnatal debriefing. An intervention consisting of two 20-minute staff education sessions was conducted, and relevant literature was provided to staff. Seven weeks following this, a further review was conducted(n=318).

The initial debriefing rate was 24.6%(n=72), with improvements in rates of debriefing ascending proportional to level of training. Future mode of delivery was discussed in 6.9% of women following primary CS. Following the intervention, debriefing improved to 59.1%(n=190; $p<0.0001$). This improvement was most marked in the first three weeks following training (71.5%; n=103). There was a statistically significant($p<0.0001$) improvement in documentation by all categories of Non-Consultant Hospital Doctors, with SHO's, Junior Registrars and Senior Registrars improving by 1060%, 173% and 118% respectively. Future mode of delivery discussion rates also improved to 22.7%($p<0.0001$).

Using a simple, cost-neutral intervention, debriefing rates improved by 144% overall. This study demonstrates that small changes in practice can potentially change womens' perception of childbirth and positively affect future pregnancies. Continual improvements need to be made to ensure the maximum number of women are debriefed appropriately and given the opportunity to discuss current and future care needs and requirements.

AN AUDIT OF COMPLETION OF VTE PROPHYLAXIS ASSESSMENT IN PORTIUNCULA MATERNITY DEPARTMENT

POSTER

Roisin Mc Connell[1], Rahema Amjad[2], Mohammed Abbas[2]

[1]University Hospital Galway, Galway, Ireland, [2]Portiuncula University Hospital, Ballinalsoe ,Ireland

Menorrhagia Venous thromboembolism (VTE) remains one of the leading cause of maternal mortality(1). Identifiable risk factors were present in 89% of the fatal obstetric pulmonary emboli in the UK between 2003-2008(3). The completion of a VTE score decreases the incidence of VTE in hospitalized patients(4).

Aims are to assess the following:

- The number of correctly completed booking visit VTE scores.
- VTE assessment completion upon admission to Maternity Ward.
- Completion of pre- and post- delivery VTE assessment.

Methods

This was a retrospective audit conducted in Portiuncula University Hospital. 102 charts were selected at random from our target population, pregnant women who delivered in or were admitted during January 2018. 70 charts were women who delivered, 30 charts were antenatal admissions and 2 postnatal readmissions. The charts were audited for the information described above.

Results

- *89 women required a booking visit VTE assessment*.
- 64 were correctly completed.
  - 3 had none.
  - 22 were incorrectly completed.
- *30 women were admitted antenatally, with 31 admission episodes*.
  - 8 VTE scores were completed.
- 70 women delivered in January with 43 having pre-delivery and 30 had a postnatal score completed.
  - 14 had no pre or post delivery VTE score.
- 6 postnatal readmissions with 1 VTE score performed.

Discussion

This audit highlighted several areas where there is room for improvement particularly the correct completion of booking visit VTE scores. Secondly the failure to complete either pre- or post-delivery VTE scores requires improvement. Failure to complete VTE scores could result in missing identifiable risk factors.

OBSTETRICS ANAL SPHINCTER INJURIES – DIAGNOSIS, MANAGEMENT AND FOLLOW-UP

POSTER

Sie Ong Ting, Lavanya Shailendranath, Tasneem Ramhendar

Wexford General Hospital, Wexford, Ireland

This is a retrospective study involving all patients sustaining third and fourth degree perineal trauma in the year 2015 and 2016 in Wexford General Hospital.

This study aims to ensure correct diagnosis of third and fourth degree perineal trauma with correct management and suture materials used, as well as well standard local protocol for postoperative advices and follow-up of the woman.

38.7% of mothers sustained 3A and 3B perineal tear respectively, followed by 19.4% having 3C tear and 3.2% experiencing 4th degree tear. 67% of the perineum was sutured under regional anaesthesia while 33% was under general anaesthesia. 74.2% were sutured by registrars irrespective of the supervision of the consultant while the remaining were sutured by the consultant.

For 3A and 3B perineal repair, end-to-end suturing method was preferred (57%) as compared to overlapping method (43%). Only end-to-end suturing method was used for repairing 3C and 4th degree tear. Suture materials varied depending on the clinician's preference. For the repair of 3A and 3B perineal tear, 3.0 PDS was highly used (53.6%), followed by 2.0 PDS (35.7%) while the remaining were 3.0 polyglactin, 2.0 polyglactin and 1.0 vicryl. As for repair of 3C and 4th degree perineal tear, PDS suture material was used with different sizes in which 3.0 PDS was more preferred (66.7%) compared to 2.0 PDS (33.3%).

Our maternity unit is very efficient in terms of the follow up care with varied antibiotic treatment of 5.87 days, laxative regime and 6 weeks gynaecology outpatient clinic follow-up

OBSTETRICS ANAL SPHINCTER INJURIES OASIS INCIDENCE AND PREDISPOSING

POSTER

Sie Ong Ting, Lavanya Shailendranath, Tasneem Ramhendar

Wexford General Hospital, Wexford, Ireland

Third and fourth degree perineal tear are categorised as Obstetric Anal Sphincter Injury (OASIS) with or without involving the anal mucosa.

This retrospective study aims to investigate the incidence and possible predisposing factors of OASIS in Wexford General Hospital.

All medical charts of all patients sustaining OASIS in 2015 and 2016 were retrieved physically.

Our maternity unit reported a low incidence of third and fourth degree perineal tear of only 1% (19/1885 in 2015 and 19/1799 in 2016). 97% of the mothers were Caucasian with only 3% Asians. Average BMI was calculated as 25.8. Majority were nulliparous (83.9%) and the multiparous woman who sustained third or fourth degree perineal tear had no history of third or fourth degree tear previously. 55% of the women laboured spontaneously and all deliveries took place in the labour ward with 41.9% delivered by midwives, 35.5% by registrars and 22.6% by the consultants. 52% of the birthing women needed instrumental delivery with 61.1% babies delivered via kiwi delivery, 11.1% delivered by Neville-Barnes Forceps while 27.8% needed second instrument for delivery. Episiotomy was performed in 55% of the deliveries. The position of fetal head during delivery was documented as occipital anterior (61%), occipital posterior (32%) and occipital transverse (7%). Infants were all delivered at gestation 40 weeks with average birth weight of 3720g with 61% boys and 39% girls.

A larger scale involving more years of collection might be beneficial in identifying modifiable risk factors to improve our local maternity service.

MENORRHAGIA IMPACT ON QUALITY OF LIFE

POSTER

Sie Ong Ting, Cathy Burke

Cork University Maternity Hospital, Cork, Ireland

Menorrhagia is defined as abnormally heavy or prolonged menstrual bleeding which can be devastating to a woman and often it interferes with the physical, emotional, social and material quality of her life.

This is a prospective study involving patients referred to gynaecology clinic as well as female hospital staffs using a standardised quality of life questionnaire.

On average, women had their first period at the age of 13 and started complaining of menorrhagia at age of 21. Women with menorrhagia tend to have a greater number of days of heavy menstruation and also complain of dysmenorrhea. Sanitary pad use was more favoured in both groups with patients in the case group using twice the number of pads.

Women had to bring extra sanitary protection and even so could not prevent flooding and blood soiling through. Modification and cancellation of social plans especially on the heaviest day were very common. More than half of the women with menorrhagia express their worries, concern and anxiety surrounding their menstrual problem physically and mentally. Almost three quarters of women had to call in sick which reduce the productivity in the long run. In addition, their family life and relationship was put on strain as well with the stress of the woman having to deal with her heavy period every month.

The study showed that menorrhagia had negatively impacted on women's quality of life with only above average health reported in the case group.

THE IMPORTANCE OF ADEQUATE TRAINING IN TEN GROUP ROBSON CLASSIFICATION IN CONTRIBUTING TO ACCURACY OF CAESAREAN SECTION RATE

POSTER

Sie Ong Ting, Lavanya Shailendranath, Elizabeth Dunn

Wexford General Hospital, Wexford, Ireland

A pilot audit of The Ten-Group Robson Classification in Wexford General Hospital showed insufficiency in documentation in addition to incomplete and incorrect data entered into the birth registry book.

A new data spreadsheet was created in our maternity unit in May 2018 using Microsoft Excel programme which allows instant updates of the Robson Ten Groups Classification of Caesarean Section.

All deliveries from 1 March 2018 until 31 May 2018 were retrieved digitally from the password-protected hospital computer which only allows access to all maternity staff members. A data spreadsheet was set up consisting of 7 fields with drop down options relevant to The Ten-Group Robson Classification.

The new programme which was introduced to our maternity unit has markedly improved the correct classification of Robson Ten Group Classification of Caesarean Section by minimising human error in identification in which was done manually in previous audit.

No missing data was found from the spreadsheet in patient details and the programme was set up in such a way to correctly classify every Robson Group according to the information stored for each patient.

Even though the programme has markedly improved the correct identification, our maternity staff members will subsequently be defective in identifying every woman in labour manually due to high dependency on the new programme.

Further audit approach can be considered in the future to ensure correct data is entered into the programme by cross checking the data stored along with patient's maternity chart to prevent risk of "Swiss-cheese" model.

ULTRASOUND ASSESSMENT OF UTERINE MORPHOLOGY IN PATIENTS WITH MENORRHAGIA - A CASE CONTROL STUDY

POSTER

Sie Ong Ting, Cathy Burke

Cork University Maternity Hospital, Cork, Ireland

We proposed to evaluate transvaginal ultrasound measurements in investigating patients with menorrhagia through detailed morphological assessment of the uterus and ovaries.

This was a prospective study involving all referrals to gynaecology clinic in our unit of case patients with menorrhagia and control patients with complaints unrelated to their menstrual cycle as well as female hospital staff members.

All patients underwent transvaginal ultrasound during which detailed measurements of the uterus and the ovaries was performed.

Ninety two women participated in the study of whom 46 had a history of menorrhagia and 46 were control cases. Mean age of participants was 34.6 years with mean BMI of 27.2. Uterine volume was significantly larger in the index group (p=0.024) with a significantly greater number of patients having reduced uterine mobility in the study group (p=0.002). Over one third (36%) of women with menorrhagia were found to have vascular flow within the inner half of the myometrium in contrast to 9% in the control group which was statistically significant (p=0.002). There was a significantly higher pain score in the study group both during menstruation (p=0.000) and during transvaginal examination (p=0.008) compared with controls. Uterine fibroids were found in 15% of women with menorrhagia, not significantly more frequently than women without menorrhagia (8.7%), (p=0.335).

The presence of vascular flow in the inner half of the myometrium and reduced uterine mobility was seen in a significantly greater number of women with menorrhagia compared with those without this complaint in our study.

DIFFERENTIATED FAMILIAL VULVAR CARCINOMA A POTENTIAL FOR A HEREDITARY DISEASE

POSTER

Claire Mc Carthy, John Stratton

University Hospital Waterford, Waterford, Ireland

Vulvar carcinoma (VC) accounts for less than 1% of all new cancers in females, yet is uncommon under the age of 50. It is not defined as a hereditary disease, unless associated with Fanconi anaemia, or HPV clustering in the case of undifferentiated VC.

We describe the cases of three first degree relatives with multi-focal and metastatic vulvar carcinoma in the absence of a known genetic mutation.

AA presented at 59 years of age with a left labial ulcer, on a background of diabetes and lichen sclerosus. She was initially diagnosed with FIGO Stage II well differentiated squamous cell VC, which recurred initially following node negative excision, and subsequently multi-focally following radiation.
BA, her daughter, presented at 34 years of age with recurrent vulvar pain, and was diagnosed with Stage IIIa squamous cell VC, completely excised and treated with adjuvant radiotherapy. A recurrence was noted 6 months following completion of treatment.

CA, sister of AA and aunt of BA presented at 69 years of age with a right labial mass on a background of diabetes and lichen sclerosus. A biopsy and imaging revealed extensive differentiated VC with intra-abdominal and supra-diaphragmatic disease. This was palliated with radiotherapy prior to her death four months later.

To date, there is no description of non-HPV associated familial vulvar carcinoma. We demonstrate three women in a younger age group with significant burdens of disease, despite the absence of a known aetiological factor, which prompts further research into the oncogenetics of this condition.

AN ASSESSMENT OF UCC STUDENT'S KNOWLEDGE OF FATAL FETAL ANOMALY AND TERMINATION OF PREGNANCY FOR FETAL ABNORMALITY

POSTER

Dervla Devine[1,2], Stacey Power[2], Sarah Meaney[2,3], Keelin O' Donoghue[2,3]

[1]University College Cork School of Medicine, Cork, Ireland, [2]Pregnancy Loss Research Group, The Irish Centre for Fetal and Neonatal Translational Research (INFANT), University College Cork, Cork, Ireland, [3]National Perinatal Epidemiology Centre, University College Cork, Cork, Ireland

The objective of this study is to assess UCC student's knowledge of fatal fetal anomaly (FFA) and termination of pregnancy for fetal abnormality (TOPFA).

This descriptive study was conducted with UCC students. Data were collected using an online questionnaire. The survey consisted of fact based questions with a view to ascertaining knowledge level of students around FFA and TOPFA.

UCC students registered for the academic year 2017-2018. 20,106 students received the survey. 520 answered the survey, 478 of which were completed responses.

99.62% (519/521) were comfortable with the topic, while only 0.38% (2/521) were uncomfortable with the topic and terminated the survey. Almost half (48%; 232/479) correctly defined FFA. A small number, (6%; 28/476) of students thought Down Syndrome is a FFA while only 24% (117/478) could identify Patau Syndrome as a FFA. 8% of students considered Cerebral Palsy to be a FFA and 16% thought Spina Bifida is a FFA. Major disparity was obvious around survivability with a diagnosis of FFA; 13% thought a baby will not survive once born, while 16% believed a baby can survive for years.

Deficits in knowledge were identified in accurately defining FFA, survivability, services made available to couples and classification of FFAs. This gap in student knowledge stresses the need for more readily available and accurate public health and college education campaigns, especially now with legislation about to be introduced to allow TOPFA in Ireland for the first time

SUBCHORIONIC HAEMATOMA ASSOCIATED WITH FIRST TRIMESTER UTERINE RUPTURE A CAUSE OR A COINCIDENCE

POSTER

Saleha Sajjad, Darin Ahmed, Workineh Tadesse, Mark Dempsey, Michael O'Leary

University Hospital Galway, Galway, Ireland

A subchorionic haematoma is linked to multiple adverse pregnancy outcomes. However, uterine rupture has not been described as one of its complications. We report a case of spontaneous uterine rupture at 13 weeks of gestation in a para 3+1 with a history of subchorionic haematoma and three previous caesarean sections.

She presented with a sudden onset of severe lower abdominal pain and light vaginal bleeding. She has been attending the early pregnancy assessment unit since the seventh week of gestation due to ongoing vaginal bleeding and was found to have a subchorionic haematoma measuring 33.4mm x 14.2mm x 40.5mm along with a viable intrauterine pregnancy.

At presentation, she was haemodynamically unstable with BP of 70/30. She had a distended and tender abdomen. Her cervix was tightly closed with minimal bleeding from the os. Ultrasound showed a significant amount of free fluid in the abdomen with no fetus in the uterus. Her haemoglobin was 9.8 g/dl. At laparotomy, there was a large uterine defect and a fetus floating free in the haemoperitoneum. We repaired the uterine defect in two layers. The patient received a total of nine units of red blood cells, eight units of plasma, one unit of platelets, and 4g of fibrinogen. She recovered well and discharged home four days later.

We hypothesized that the presence of the haematoma might have resulted in a direct pressure effect or caused uterine contractions or both, hence forcing the uterine content against the previous caesarean scar resulting in the rupture

EASE OF USE OF A POLYSACCHARIDE HAEMOSTATIC SYSTEM HAEMOCER IN OBSTETRICS AND GYNAECOLOGY

POSTER

Ciara Nolan, Bobby O'Leary, Etop Akpan, Vineta Ciprike

Our Lady of Lourdes Hospital, Drogheda, Ireland

The use of adjuvant topical haemostatic agents is increasing in both open and laparoscopic surgery. They are useful over broad areas of diffuse ooze, or when there is a risk of thermal injury from electrocautery. We are increasingly aware of the prevalence of repetitive strain injuries among surgeons, emphasizing the importance of ergonomic instruments. The study aimed to evaluate the operating surgeon's subjective ease of use and perceived clinical effectiveness of an Absorbable Polysaccharide Haemostat (APH) powder, HaemoCer, in obstetric and gynaecological surgeries.

This was a prospective cohort study of 50 consecutive obstetric and gynaecological procedures where HaemoCerwas used. The primary operating surgeon completed a questionnaire with a free-text box to detail the ease of use of the product and its perceived efficacy. We collected data on the number of units of product used, whether any additional haemostatic measures were required, the type of surgery, the grade of the operating surgeon, and patient age.

HaemoCer was reported as either 'easy' or 'very easy' by 98% of participants. It was reported as 'effective' by 82%, or as 'very effective' by 16% of participants. Caesarean Section made up 84% of the surgeries recorded, while the remainder were gynaecological procedures.

We found that HaemoCer's ergonomic design is easy to use and is perceived as an effective haemostatic agent by the operating surgeon. HaemoCer could be used in a range of obstetric and gynaecological surgeries, both open and laparoscopic.

COMPLIANCE WITH DECISION TO DELIVERY INTERVALS DDI FOR OPERATIVE VAGINAL DELIVERIES

POSTER

Ciara Nolan, Seosamh O'Coigligh

Our Lady of Lourdes Hospital, Drogheda, Ireland

Operative vaginal delivery accounts for 10-13% of deliveries and offers an alternate option to Caesarean Section (CS) in the second stage of labour. While CS is assigned a category of urgency[1], this is not routinely applied to instrumental deliveries. When performing an instrumental delivery indicated for fetal concern, attention should be applied to ensure that similar decision-to-delivery intervals (DDI) are achieved.

We audited local compliance in a regional hospital against international standards for DDIs. We reviewed the processes in place to ensure a standardised approach to instrumental deliveries in order to achieve safe and acceptable DDIs. Data was collected prospectively and anonymously from the maternity charts over a 4-week period for analysis.

The rate of instrumental delivery was 10% over the study period. 85.7% instrumental deliveries achieved a DDI <30mins. 85.7% were performed in the delivery room, 14.3% were performed in theatre. 67% cases with a DDI >30mins were delivered in theatre. The most common indication was "non-reassuring CTG," followed by "failure to advance in the 2ndstage." 23% emergency deliveries occurred within normal working hours. The remaining 77% occurred "on call".

We found that there was scope for improvement with regards to achieving appropriate DDIs with instrumental delivery. As recommended by the RCOG, "immediate threat to the life of the fetus" requires delivery <30 minutes. This urgency is obvious with the category of urgency assigned to CS, but there is a need to be cognisant that an instrumental delivery for fetal concern should also aim to achieve similar DDIs.

IS THE OLDER PERINEUM A SAFER PERINEUM RISK FACTORS FOR ANAL SPHINCTER INJURY

POSTER

Ciara Nolan, Bobby O'Leary, Vineta Ciprike

Our Lady of Lourdes Hospital, Drogheda, Ireland

Obstetric Anal Sphincter Injuries (OASIs) are a severe form of perineal trauma that occur following vaginal delivery. They are the most common cause of anal incontinence, drastically impacting quality of life. Identifying risk factors may facilitate change in labour and delivery practice, potentially reducing the risk of OASIs. We sought to identify maternal, fetal, and intrapartum risk factors for OASIs.

We conducted a retrospective analysis of vaginal deliveries over a 10-year period (2008 – 2017). OASI was diagnosed by an experienced clinician and classified according to RCOG. A multiple logistic regression model was created using OASI as the dependent variable. Coefficients were adjusted for relevant maternal, fetal, and intrapartum risk factors.

During the study period there were 23,887 vaginal deliveries. 18,550 spontaneous (77.66%), 3,746 vacuum-assisted (15.68%), 1,196 forceps (5.01%) and 395 sequential instrumental deliveries (1.65%). The overall rate of OASIs was 1.76%.

Significant maternal factors that increased the risk of OASIs were primiparity and Asian ethnicity. Maternal age ≥ 35 decreased the risk. Increased risk of OASI was associated with a fetal birthweight >3500g. Forceps delivery, sequential instrumentals and shoulder dystocia were significant intrapartum risk factors. Vacuum delivery did not significantly increase the risk of OASI.

A number of maternal, fetal and intrapartum variables were found to increase the risk of OASIs. The greatest increase in risk was with forceps delivery and sequential instrument use. In our population, maternal age over 35 years confers a protective effect. Further research is required to investigate the impact of maternal age on anal sphincter injury.

WOMEN WITH ONE CAESAREAN: PATIENT SATISFACTION, VIEWS ON VBAC, ERCS AND OPINION ON FUTURE RCT PERTAINING TO MODE OF DELIVERY

POSTER

Gillian A Ryan[1,2], Kate C O Doherty[3], Fionnuala McAuliffe[3], John J Morrison[1,2]

[1]Galway University Hospital, Galway, Ireland, [2]National University of Ireland Galway, Ireland, [3]National Maternity Hospital, Dublin, Ireland

Objective

After one caesarean section (CS) the options for future delivery include VBAC and elective repeat CS. The objectives were: 1.to assess women's views of their birth experience after their first CS; 2.to compare the findings between t elective CS(ECS) and emergency CS(EmCS) groups; 3.to evaluate views on a future delivery; and 4.to investigate whether would consider joining a future RCT of VBAC vs ERCS.

Design

This was a prospective questionnaire survey of woman who had their first CS between January and August 2018 in Galway University Hospital and the National Maternity Hospital. Postal surveys sent out, with ethical approval. Statistical analysis was performed using Chi-Square test.

Results

734 women were eligible to participate. 347(47.3%) completed surveys were returned (EmCS N=285[82.1%]; ECS N=62[7.9%]). Women in both groups were satisfied overall that CS was the most appropriate delivery option for them. Women in the EmCS group were less satisfied with the information received prior to the CS than the ECS group ($P<0.05$). Both groups were unsatisfied with the postnatal counseling received, though this was lower in the EmCS group ($P<0.05$). 114(40%) and 23(37.1%) in the EmCS and ECS groups respectively, expressed a preference for VBAC in a subsequent pregnancy. 80% of women would consider randomization in a future pregnancy.

Conclusion

Debriefing after a CS is a vital element of pregnancy care. A significant proportion of women were considering VBAC for future delivery. A majority of women would consider participation in a future RCT.

MATERNITY CARE PROVIDERS INVOLVEMENT IN RESEARCH

POSTER

Samantha Shiplo[1], Keelin O'Donoghue[1,2]

[1]University College Cork, Cork, Ireland, [2]Cork University Maternity Hospital, Cork, Ireland

Despite a widely acknowledged importance of research for improving patient care and outcomes, clinical research in pregnant women is lacking. Many challenges innate to conducting research in pregnant women may discourage maternity care providers from engaging in research. To date, there is limited quantitative data examining research involvement by maternity care providers.

Thus, the objective of the current study is to assess maternity care providers' involvement in research, their perception of the relevance of research, as well as facilitators and barriers to participating in research.

A sample of 100 maternity care providers were recruited from Cork University Maternity Hospital (CUMH) in Cork, Ireland. Maternity care providers were defined as midwives, nurses, sonographers, non-consultant hospital doctors and consultant obstetricians. Participants completed a cross-sectional paper survey between May 7, 2018 and May 21, 2018.

In total, 58% of participants reported never taking part in conducting research. Participants agreed that medical research is important to maintain the quality of medical care that we provide and results from research studies allow healthcare providers to select the best treatment. However, some participants did not agree that it is part of their role to carry out research and reported that their workload was too heavy to be involved in research. Nearly all participants showed interest in being involved in research and believe more research studies could be conducted at CUMH.

Overall, understanding barriers and facilitators to maternity care providers' involvement in research allows for solutions to better promote and conduct effective research in pregnant women.

EASE OF USE OF A POLYSACCHARIDE HAEMOSTATIC SYSTEM HAEMOCER IN OBSTETRICS AND GYNAECOLOGY

POSTER

Ciara Nolan, Bobby O'Leary, Etop Akpan, Vineta Ciprike

Our Lady of Lourdes Hospital, Drogheda, Ireland

The use of adjuvant topical haemostatic agents is increasing in both open and laparoscopic surgery. They are useful over broad areas of diffuse ooze, or when there is a risk of thermal injury from electrocautery. We are increasingly aware of the prevalence of repetitive strain injuries among surgeons, emphasizing the importance of ergonomic instruments. The study aimed to evaluate the operating surgeon's subjective ease of use and perceived clinical effectiveness of an Absorbable Polysaccharide Haemostat (APH) powder, HaemoCer Plus, in obstetric and gynaecological surgeries.

This was a prospective cohort study of 50 consecutive obstetric and gynaecological procedures where HaemoCer Plus was used. The primary operating surgeon completed a questionnaire with a free-text box to detail the ease of use of the product and its perceived efficacy. We collected data on the number of units of product used, whether any additional haemostatic measures were required, the type of surgery, the grade of the operating surgeon, and patient age.

HaemoCer Plus was reported as either 'easy' or 'very easy' by 98% of participants. It was reported as 'effective' by 82%, or as 'very effective' by 16% of participants. Caesarean Section made up 84% of the surgeries recorded, while the remainder were gynaecological procedures.

We found that HaemoCer's ergonomic design is easy to use and is perceived as an effective haemostatic agent by the operating surgeon. HaemoCer Plus could be used in a range of obstetric and gynaecological surgeries, both open and laparoscopic.

OBSTETRIC OUTCOMES FOR WOMEN TREATED WITH ANTENATAL HEPARIN DUE TO PREVIOUS OR CURRENT VENOUS THROMBOEMBOLISM

POSTER

M Murphy[1], M Barrett[2], J Byrne[2], K Murphy[2,3], M Higgins[2,1], F McAuliffe[2,1], V O'Dwyer[2]

[1]UCD, Dublin, Ireland, [2]National Maternity Hospital, Dublin, Ireland, [3]St Vincents University Hospital, Dublin, Ireland

Venous thromboembolism remains the leading cause of direct maternal mortality in pregnancy in the developed world.To review obstetric outcomes in women treated with prophylactic and therapeutic heparin due to previous history of venous thromboembolism (VTE) or VTE in their current pregnancy.

Prospective review of women who attended in 2017. Delivery outcomes were obtained from the hospital's computer database.

There were 138 women treated with heparin. Of these 126 had a previous VTE and 12 had a pulmonary embolism or deep venous thrombosis in the index pregnancy. The mean age was 34 years, mean BMI 25.7kg/m^2 and 39% were primigravidas. The mean gestation at delivery was 39.2 weeks. For labour or caesarean section 74.3% had regional anaesthesia. The mean duration of labour was 6.4 hours for primigravidas and 2.2 hours for multigravidas. The induction rate was 38% (32% in primigravidas and 53% in multigravidas) and caesarean section rate 22.7%. The caesarean section rate analysed by the Robson ten group classification is shown in Table 1. The mean birthweight was 3.4kg. The mean blood loss at delivery was 455.6ml. There were no antepartum or postpartum haemorrhages, neonatal bleeding, wound haematomas or osteopenia detected. There were no recurrent VTEs.

Innohep is safe and effective in pregnancy for women with previous and current VTE.

THE EFFECTS OF PERSISTENT OP POSITION IN PRIMIPARAS ON THE DEVELOPMENT OF PELVIC ORGAN PROLAPSE AND LEVATOR ANI AVULSION.

POSTER

Fadi Tamas Salameh, Tamara Kalisse, Orfhlaith E O'Sullivan, Barry A O'Reilly

Cork University Maternity Hospital, Cork, Ireland

The aim of this study is to look at the effect of occipito-posterior (OP) position and pelvic organ prolapse (POP).

Out of 202 patients recruited for the 4P-Study, the medical records of 154 could be obtained. We looked at patient demographics, gestational age at time of delivery, use of epidural and oxytocin during labor, duration of all stages of labor, and vertex position in the 1ststage, 2ndstage, and at delivery. We also looked at the mode of delivery, and fetal weight. Then at one year all women were assessed for POP. A 3D-Transperineal ultrasound scan (3D-TpUS) was done to assess Levator Ani Muscle (LAM) avulsion.

Persistent OP position was not associated with significant increase in grade 2 cystocele in comparison to persistent OA position (P = 0.9150). Persist OP position was not associated with significant increase in grade 2 rectoceles (P = 0.0585) There was also no significant increase in injury to the LAM on the right (P=0.6951)(OR 1.2941)(CI 0.3564 – 4.6987), or the left side (P=0.5563)in comparison to persistent OA position.

We found no significant increase in cystocele, rectocele, or uterine decent at one year after delivery in primiparas in comparison to persistent OA. However more robust research is needed with a larger cohort of patients and the use of ultrasound to determine the position of the vertex in various stages of labor rather than just digital vaginal examination, which can be affected by level of experience, and may have a higher margin of error(2)

OBJECTIVE AND SUBJECTIVE OUTCOME OF TRANSVAGINAL REPAIR USING THE ELEVATE® MESH FOR THE TREATMENT OF RECURRENT PELVIC ORGAN PROLAPSE

POSTER

Fadi Tamas Salameh, Barry A O'Reilly

Cork University Maternity Hospital, Cork, Ireland

The aim of our study is to evaluate the anatomical outcome, and early and late postoperative complications of both the Elevate Anterior/Apical and Elevate Posterior/Apical vaginal mesh in the repair of pelvic organ prolapse (POP).

This is a retrospective study, looking at 135 patients. Patients were then interviewed postoperatively at 6 weeks and 6 months intervals, to assess their quality of life, change in symptoms. We also looked at intraoperative and postoperative complications. These complications were assessed using the Clavien-Dindo classification system.

Post-operative assessment shows that the majority of patients have reduced prolapse to stages 0 or 1 in the post-operative period, in both the anterior and posterior Elevate groups

There was a reduction in urinary frequency, urgency, stress urinary incontinence, constipation, and pressure problems. We also observed a significant increase of patients reporting normal urinary flow and complete bladder emptying. There was also a reduction in patients complaining of nocturia and recurrent cystitis, however this was not statistically significant. There was no change in the proportion of patients with dyspareunia however this symptom resolved for 2 of the original 3 cases and was noted a new problem for 2 other patients post-operatively. Only 7.4% of the patients needed excision of exposed mesh, whereas 8.2% were managed conservatively.

Mesh is usually performed in more complicated cases, often having had previous pelvic floor repair using native tissue. Factors increasing success and reducing complication rates include proper surgical training, and the presence of multidisciplinary team.

THYROXINE PRODUCING OVARIAN TUMOUR: STRUMA OVARII – CASE SERIES

POSTER

Karim Botros, Emmanuel Hakem, John Bermingham

Waterford University Hospital, Waterford, Ireland

Background

Struma Ovarii is a rare type of ovarian tumour that present with non-specific symptoms, suggestive of hyperthyroidism or peri-menopause. Incidence of such tumour is reported to be 1% of all ovarian tumours and 2-5% of all the ovarian teratomas. We will present two cases of Struma Ovarii, one of which occurred in pregnancy and describe how we managed them.

Purpose

We are reporting the cases to help clinicians recognise, diagnose and manage such rare tumours that are not seen in every day practice and presents with unusual symptoms.

Study design and methods – Observational case series, reporting two cases of Struma Ovarii that presented in our unit. One of which was in pregnancy.

Findings

A high level of clinical suspicion along with clinical examination is important to diagnose such tumours. Although benign strumae Ovarii are the most commonly occurring forms, malignant tumours have been documented, mainly as papillary thyroid cancer. Surgical management is the definitive form of treatment radioiodine therapy has also been documented to be successful in recurrent or metastatic disease.

Conclusion

High level of clinical suspicion is crucial to diagnose such rare. Ultrasound examination is the imaging of choice to diagnose. Final diagnosis is only made on histology. Simple laparoscopic surgery is the treatment of choice. Reported incidence of malignancy in such tumours is 10 – 16%.

AUDIT OF THE MEDICAL MANAGEMENT OF ECTOPIC PREGNANCY AT UNIVERSITY HOSPITAL GALWAY

POSTER

Nicola Whelan, Helena Bartels, Tom O'Gorman

University Hospital Galway, Galway, Ireland

Methotrexate is prescribed for medical management of ectopic pregnancy in suitable cases in UHG. Methotrexate is safe when used in correctly selected patients, in line with current guidelines, and is a less invasive alternative to surgery.

The purpose of this study is to audit the number of cases in which methotrexate was used for management of ectopic pregnancy in UHG in 2018, and to compare the management to current guidelines.

10 patients who met the study criteria were identified from the Early Pregnancy Assessment Unit BhCG follow-up logbook. Data was collected by chart review of selected patients by Obstetric team members.

10 patients received methotrexate in the study period. All patients were haemodynamically stable, however 40% were documented to have active bleeding, and in one case the BhCG was >3000. Body surface area was calculated in all cases for correct dosing. In one case baseline LFTS and U&E were not done prior to methotrexate administration. 40% had a documented contraceptive plan. All patients were followed up appropriately, however in one case the recommended FBC, U&E and LFTs on Day 7 were not carried out. The success rate of methotrexate was 80%, with two patients requiring a second dose and one of these proceeded to laparoscopy.

We recommend use of the early pregnancy care pathway document, strict use of baseline blood tests, correct administration of anti-D and documented contraceptive plan in all cases. As this audit is the first of its kind we recommend re-audit in 12months time.

PLACENTA ACCRETA SPECTRUM DISORDERS MRI ULTRASOUND AND HISTOLOGICAL CORRELATION

POSTER

Grace Madigan[1], Tony Geoghegan[2], Emma Doyle[3], Jennifer Donnelly[3,2,1]

[1]Royal College of Surgeons in Ireland, Dublin, Ireland, [2]Mater Misericordiae University Hospital, Dublin, Ireland, [3]Rotunda Hospital, Dublin, Ireland

Placenta accreta spectrum (PAS) disorders result in the failure of the placenta to detach from the uterine wall following delivery, which can lead to massive obstetric haemorrhage. Prenatal diagnosis is essential for optimal peripartum management. Prenatal diagnosis relies on a combination of ultrasound and MRI findings.

The aim of this study was to review histological reports of caesarean hysterectomy specimens performed for PAS and to assess the correlation between ultrasound (US) and MRI features and histology.

This is a retrospective case series of women who had a caesarean hysterectomy for PAS at a tertiary referral maternity hospital between 2006 and 2017. Results were evaluated in accordance with the 2018 FIGO consensus guidelines on PAS disorders.

26 patients with caesarean hysterectomy for PAS were identified during the study period. Of these 7 had both US and MRI, 19 had ultrasound only and no patients had had MRI only. Histological review revealed that 85% (n=22) of patients had placenta accreta, 12% (n=3) had placenta increta, and 38% (n=10) had placenta percreta. 31% (n=8) had more than one subtype of PAS. Abnormal placental lacunae were the most commonly detected ultrasound sign, and were present in 41% (n=9) of accreta, 30% (n=3) of percreta, and 33% (n=1) of increta cases. In 15% of cases, prenatal ultrasound did not detect PAS. Increased use of detailed ultrasound descriptors were noted over time.

This series re-iterates the importance of accurate prenatal diagnosis of PAS, and the use of standardised imaging descriptors in line with 2018 FIGO consensus guidelines.

RELIABILITY OF VISUAL ESTIMATION OF INTRAPARTUM BLOOD LOSS

POSTER

Kristyn Dunlop[1,2], Adam Rosen[1,3], Rebecca Eckler[1,4], Adam Komorowski[1,5], Parastoo Sayyar[1], George Tomlinson[6], Rohan D'Souza[1]

[1]Division of Maternal Fetal Medicine, Department of Obstetrics & Gynaecology, Mount Sinai Hospital, University of Toronto, Toronto, Canada, [2]Royal College of Surgeons in Ireland, Dublin, Ireland, [3]Faculty of Medicine, University of Toronto, Toronto, Canada, [4]Sidney Kimmel Medical College, Thomas Jefferson University, Philadelphia, USA, [5]Graduate Entry Medicine, University of Limerick, Limerick, Ireland, [6]Department of Medicine, Toronto General Hospital, University of Toronto, Toronto, Canada

Postpartum haemorrhage (PPH) remains a leading cause of maternal morbidity and mortality. Visual estimation of blood loss (VEBL) is currently used to diagnose PPH, but its validity remains unknown. This study aimed to determine the accuracy of VEBL in diagnosing PPH.

Pregnant women over 18 years of age delivering vaginally or by caesarean delivery (CD) after 23 completed weeks of gestation were included. Blood loss was measured by weighing pre- and post-delivery sponges and linen (gravimetric method), and direct measurement of blood loss collected in the suction apparatus at CD. Obstetricians, nurses, and anaesthesiologists involved in the delivery were asked to anonymously estimate blood loss. Their role in the delivery and years of experience were noted. Results were presented in numbers and proportions.

Of 170 cases recruited, 157 were analysed, including 123 CD and 34 vaginal deliveries. VEBL has excellent specificity (80-100%), however sensitivity is poor regardless of mode of delivery or experience of the respondent. During CD, sensitivity was 13% for primary obstetricians and first assists, 14% for anaesthesiologists, and 20% for scrub and circulating nurses. During vaginal deliveries, sensitivity was 27% for primary obstetricians, 25% for first assists and 0% for scrub nurses, with no change based on years of obstetric experience. Additionally, VEBL systematically underestimates blood loss by 51mL for every 100mL of true intrapartum blood loss.

This study demonstrates low sensitivity of VEBL in diagnosing PPH. Methods that accurately and objectively quantify intrapartum blood loss are needed for clinical and research purposes.

MANAGEMENT OF RECURRENT GENITAL HERPES IN PREGNANCY AUDIT OF PRACTICE IN A TERTIARY REFERRAL CENTRE

POSTER

Sarah Mc Donnell, Orla Cunningham, Michael O'Connell

Coombe Women & Infants University Hospital, Dublin 8, Ireland

Genital herpes is one of the most commonly acquired sexually transmitted diseases. In pregnancy, the most common mode of transmission is intrapartum and neonatal herpes infection, although rare, is potentially fatal. In-hospital guidelines outline methods to identify the at-risk population, appropriate referral pathways and management strategies to reduce perinatal transmission.

We aimed to identify current management of antenatal patients with a history of genital herpes and adherence to established in-hospital guidelines. Part of this involved reaudit of previously implemented audit recommendations. We also sought to uncover potential areas of ambiguity in treatment practices which may be incorporated into guideline revision for a more streamlined management algorithm.

In conjunction with the CMS in Infectious Disease, women who booked their pregnancy between 01/11/2015 and 01/11/2016 and self-reported a personal history of genital herpes were identified. The management practices reviewed were the referral pathway to GUIDE clinic, performance of HSV serotyping, and treatment with antenatal prophylaxis.

A measurable improvement in adherence to referral pathways to the GUIDE clinic and performance of HSV serotyping since a previous audit were noted. Wide variation in the prescription of antenatal prophylaxis was observed, and several influencing factors for this treatment disparity were identified.

A clear referral pathway exists but continuous education is needed to inform staff regarding its existence. Development of a definitive management algorithm in conjunction with genitourinary physicians will allow for a more consistent approach to the management of recurrent HSV in pregnancy.

RISK PERCEPTION ON THE LABOUR WARD

POSTER

Claire Mc Carthy[1], Karen Mcnamara[1], Sarah Meaney[2], Keelin O'Donoghue[1,3]

[1]Cork University Maternity Hospital, Cork, Ireland, [2]National Perinatal Epidemiology Centre, Cork, Ireland, [3]INFANT, Cork, Ireland

The concept of risk in medicine has become more pervasive in recent years.

Through conducting a questionnaire based study, we aimed to assess opinions and behaviours of risk on the Labour Ward (LW).

Over 64% (73/114) of staff on the LW completed the questionnaire, divided between doctors (31; 42.5%) and midwives (42; 57.5%). Over half of respondents (41; 56.2%) experienced daily, with 23.2%(n=17) believing risk is too prevalent. The most common words associated with risk were “danger” (51; 69.8%), “harm” (47; 64.3%) and “hazard” (46; 63.0%). Risk-associated negative emotions included apprehension (50; 68.4%) and worry (44; 60.2%) with fewer respondents associating risk with excitement (22; 30.1%) and interest (22; 30.1%).

Doctors were more likely than midwives to describe their behaviour as “calm” in a risky situation (28; 90.3% v 29; 69.0%, $p<0.05$). Those with more years’ experience were more likely to rely on risk assessment or a “gut feeling” than clinical guidelines or advice from others when evaluating clinical situations regardless of occupation. Experiencing adverse events caused respondents to re-examine their care (64; 87.7%), with a fear of negative outcomes and difficulty sleeping noted by half of respondents (36; 50.6%). It was felt that more staff support services following an adverse event were required (70, 95.8%).

This study gives insight into the opinion of staff on risk, with negative terminology being more prevalent. These experiences affect staff professionally and personally. Risk-reduction strategies and increased staff support could help reduce the frequency of risk events and improve staff experience.

DEVELOPMENT OF A NOVEL BEDSIDE INDEX FOR THE EARLY IDENTIFICATION OF MATERNAL INFECTION

POSTER

Catherine O Regan, Eimer O'Malley, Karen Power, Sharon R Sheehan, Michael J Turner

UCD Centre for Human Reproduction, The Coombe Women and Infants Hospital, Dublin, Ireland

International reports have recommended that the Systematic Inflammatory Response Syndrome (SIRS) criteria for the diagnosis of sepsis should be abandoned and that new bedside criteria need to be developed to improve prevention, early diagnosis and treatment.

This was a retrospective audit to evaluate a suite of six bedside clinical criteria, the Early Maternal Infection Prompts (EMIP), in identifying women with a suspected severe infection who were admitted to a High Dependency Unit (HDU) in a large stand-alone maternity hospital.

The six EMIP criteria were developed based on existing national obstetric guidelines and review of the recent literature. Cases were identified for the three years 2015-2017. The six EMIP parameters were recorded based on the clinical assessment that prompted the admission to HDU.

Of 73 women admitted with suspected maternal infection clinically, 69 charts were retrieved. Recordings of vital signs were not always complete. In 68.1% the temperature was ≥ 37.5 C, in 81.2% the heart rate was ≥100 bpm, in 39.1% the respiratory rate was ≥ 20 bpm, and in 24.6% the systolic blood pressure was ≤100 mmHg. Nine (13%) cases documented that the woman looked unwell, and in two cases of suspected chorioamnionitis (n=17) the prelabour cardiotocogram was abnormal. At least one of the six EMIP criteria was abnormal in 92.7% of cases of suspected severe maternal infection.

The audit confirmed that this novel bedside index has potential in identifying maternal infection early before sepsis develops. Prospective studies are required to evaluate the index further.

A CASE OF SPONTANEOUS RESOLUTION OF PREMATURE OVARIAN FAILURE

POSTER

Oana Grigorie, Attia Al Fathil

South Tipperary General Hospital, Clonmel, Ireland

The average age for menopause in Western population is approximately 51 years. Premature ovarian failure refers to the development of amenorrhoea due to cessation of ovarian function before the age of 40 years. It is estimated to have an incidence of 1% among women age 30-39 years.

We aim to describe a case report of a 39 years old woman with spontaneous resolution of premature ovarian insufficiency and a subsequent spontaneous pregnancy. The patient was a para 1 (vaginal birth in 1997) investigated in the gynae clinic for secondary amenorrhoea for over a year. The hormonal profile confirmed the diagnosis of POF and she was prescribed HRT which she didn't start until much later. She presented to emergency room with abdominal distension and discomfort 6 month after being discharged from the clinic and she was diagnosed with a 20 weeks pregnancy at that time. The remainder of the pregnancy was uneventul and the patient delivered by cesarean section at 39 weeks (for breech presentation).

Over 90% of cases of premature ovarian failure are idiopathic. Although women with POF share common health risks with naturally menopausal women, the approach of health maintenance in this women is distinct. As a first line management, HRT that achieves replacement levels of estrogen is recommended.

Observational and interventional studies described spontaneous ovulatory cycles in 17 to 50% of these women. Reassurance should be given that spontaneous pregnancies after idiopathic POF do not show any higher obstetric or neonatal risks than in the general population.

IMPLEMENTATION OF A MULTIDISCIPLINARY TEAM APPROACH TO PLACENTA ACCRETA SPECTRUM: A REVIEW OF OUTCOMES AFTER ONE YEAR OF MDT CARE.

POSTER

Helena C Bartels[1], Simon Craven[1], Ruaidhri McVey[1,2], Donal O'Brien[1], Fionnuala McAuliffe[3,1], Donal Brennan[1,2]

[1]National Maternity Hospital, Dublin, Ireland, [2]Mater Misericordiae University Hospital, Dublin, Ireland, [3]UCD Perinatal Research Centre, Dublin, Ireland

Placenta Accreta Spectrum (PAS) is a condition associated with a high maternal morbidity and mortality. Its incidence continues to rise in line with an increasing caesarean section rate.

A monthly multi-disciplinary team (MDT) meeting to discuss PAS cases was established in 2017.

The purpose of this audit was to compare maternal outcomes in PAS before and after the implementation of the MDT. Patients were identified from the annual reports and correlated with pathology records; charts were reviewed for details on patient demographics, antenatal care and delivery. From 2018, patients with PAS have been stored on a database. Data was reviewed for 9 years prior to MDT implementation (2006-2015) and MDT data since January 2018.

30 patients were included in the pre-MDT group and 10 in the MDT group. There was no difference in patient demographics between the groups. Antenatal diagnosis was 56.6% in the pre-MDT group and 100% in the MDT group (*P*= 0.01). Peripartum hysterectomy was performed in 86% of the pre-MDT group and 80% of the MDT group (*P* = 0.08.) The mean estimated blood loss (EBL) was 7575 ml (SD ± 4675) in the pre-MDT group and 2254ml (SD ± 2254) in the MDT group (*P* = <0.001). The mean number of red cells transfused in the pre-MDT group was 12 (SD ± 7.5) and 2.25 (SD ± 0.96) in the MDT group (*P*= 0.0002).

The implementation of a MDT has significantly increased antenatal diagnosis, reduced EBL and transfusion requirements in cases of PAS.

HOW DO WE BEST REVIEW PERINATAL DEATHS

POSTER

Aenne Helps[1,2,3,4], Sara Leitao[1,3], Keelin O'Donoghue[2,3,4]

[1]National Perinatal Epidemiology Centre, Cork, Ireland, [2]The Irish Centre for Fetal and Neonatal Translational Research (INFANT), Cork, Ireland, [3]University College Cork, Cork, Ireland, [4]Cork University Maternity Hospital, Cork, Ireland

The death of a baby is devastating for families and staff involved. Perinatal deaths include babies that have died after 24 weeks gestation or within the first week of life. There is a significant effort being made internationally to reduce preventable perinatal deaths. To achieve this, cases of perinatal deaths are reviewed to identify weaknesses in health care services amenable to change.

The recent 2017 "Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries" (MBRRACE-UK) report recommends a structured approach to each perinatal death review, which should result in recommendations with action plans, and the intent to audit implemented changes. In Ireland perinatal deaths are reviewed locally by an individual clinician, a perinatal mortality multidisciplinary team and /or the serious incident management team (SIMT). This process is currently not standardised across the 19 maternity units. All units collect data for the National Perinatal Epidemiology Centre (NPEC) perinatal mortality audit, which produces an annual report with national recommendations.

This work will provide a clear overview of the different types of perinatal death reviews as described in international literature, guidelines and reports. It forms part of a larger study titled "Analysis of Perinatal Death Reviews" as part of an on-going PhD in University College Cork.

Learning from mistakes and implementing change to prevent the same suboptimal care continuing is the aim of all perinatal death reviews. A national structured, standardised approach to perinatal death reviews that is inclusive and beneficial to all clinicians involved in the Irish maternity service is required.

POSTMENOPAUSAL BLEEDING UNUSUAL CAUSE

POSTER

Ream Langhe, Anam Munir, Mohamed Salim, Etop Akpan

Our Lady of Lourdes Hospital, Drogheda, Ireland

A 71-year old woman presented to ED with a history of vaginal bleeding of 3 months duration. She is para 1 and her last delivery was about 45 years ago. There was no history of contraceptive use or HRT. There was no family history of any malignancies.

On speculum examination there was a 2cm fleshy mass coming out of the cervix with minimal bleeding. Tissues was sent for histology. The uterus was of normal size and there was no adnexal mass. TVS revealed an endometrial thickness of 2mm and the ovaries were not visualised. She was scheduled for hysteroscopy and dilatation and curettage. Hysteroscopy identified a copper intrauterine device (IUD) embedded in the cervical canal. The IUD was removed with hysteroscopy forceps. The hysteroscopy was again advanced into the uterine cavity and revealed an atrophic endometrium. Histology of the cervical tissues revealed chronically inflamed granulation tissues. The patient then became well and the bleeding resolved.

Postmenopausal bleeding (PMB) is accounting for 5% of all gynaecology visits. TVS can reliably assess the endometrial thickness, identify common benign pathology and helps in detecting retained IUD. Few cases reported retained IUD in association with PMB. Our patient did not give any history of IUD use. Furthermore, TVS failed to demonstrate any underlying pathology.

In summary, retained IUD should be included in the differential diagnosis of PMB. If ultrasound examination revealed no abnormalities and the patient is symptomatic, hysteroscopy and curettage must be done to rule out other causes of the bleeding.

ANAL SPHINCTER INJURY ASSOCIATED WITH SHOULDER DYSTOCIA

POSTER

Bobby O Leary, Vineta Ciprike

Our Lady of Lourdes Hospital, Drogheda, Ireland

Shoulder dystocia is an obstetric emergency, occurring in 0.2–3% of vaginal deliveries. Research into maternal morbidity arising from shoulder dystocia is sparse. The aim of this study was to identify risk factors for sphincter injury associated with shoulder dystocia.

This retrospective analysis included all cases of shoulder dystocia from 2008 to 2017 at a single unit in North-East Ireland. Maternal characteristics and delivery outcomes were analysed. Univariate and multivariate logistic regression models were used to examine risk factors for sphincter injury.

There were 495 cases of shoulder dystocia, giving an incidence of 2.1% (495/24,159). The rate of anal sphincter injury in those with shoulder dystocia was 4.4% (22/495), with 7.6% (12/158) in nulliparas and 3.0% (10/337) among multiparas. Women with sphincter damage were more likely to be nulliparous than those with an intact sphincter (54.5% [12/22] vs 30.9% [146/473]; P = 0.036), and operative vaginal delivery was higher (72.7% [16/22] vs 39.1% [185/473]; P = 0.004). Episiotomy was more common in shoulder dystocia (68.2% [15/22] vs 37.0% [175/473]; P = 0.007). On univariate regression analysis nulliparity (OR 2.69) and operative vaginal delivery (OR 4.15) were associated with sphincter injury. No risk factors were identified on multivariate regression analysis.

In our population the risk of anal sphincter injury with shoulder dystocia is 4.4%. Risk factors include nulliparity and operative vaginal delivery. After controlling for other factors these associations became non-significant. Further research into sphincter injury at shoulder dystocia is warranted.

VENOUS THROMBOEMBOLISM RISK ASSESSMENT SCREENING RE-AUDIT IN OUR LADY OF LOURDES HOSPITAL, DROGHEDA

POSTER

Daniel Kane, Vineta Ciprike

Our Lady of Lourdes Hospital, Drogheda, Ireland

Thrombosis and thromboembolism were the leading cause of direct maternal deaths in the UK and Ireland in 2009-2013. There were 64 maternal deaths from venous thromboembolism (VTE), 48 of these were during pregnancy or up to six weeks after the end of pregnancy. Maternal deaths caused by VTE had fallen in previous Enquiry reports in the 2000's, the cause of which was attributed to the better recognition of VTE risk and the publication of the first RCOG guideline on VTE in 2004.

Every pregnant woman should have a VTE risk assessment performed accurately in early pregnancy, at each admission and postpartum.

A sample of 20 charts and their VTE risk assessment tool were reviewed retrospectively following postnatal discharge.

The purpose of the audit was to determine whether the VTE assessment tool had been accurately completed on each admission.

It was found that 100% of tools contained all the relevant patient demographic information. 40% of charts that were reviewed had a VTE assessment tool that had been completed at all required patient encounters.

80% of the tools audited were signed appropriately by the assessing midwife/student/doctor at each entry.

We have concluded from these findings that staff are becoming more familiar with the tools and their use in every day clinical practice.

We recommend that all staff are reminded of the importance of appropriately filling out the VTE assessment tool and it's importance in preventing maternal morbidity and mortality.

2 D ULTRASOUND OF PLACENTAL SURFACE AREA AND VOLUME RELATIONSHIP TO POSTNATAL MEASUREMENTS AND NEONATAL BIRTHWEIGHT

POSTER

Khadijah I Ismail[1], Ailish Hannigan[1], Peter Kelehan[2], Keelin O'Donoghue[3,4], Amanda Cotter[1,5]

[1]Graduate Entry Medical School, University of Limerick, Limerick, Ireland, [2]National Maternity Hospital, Dublin, Ireland, [3]University College Cork, Cork, Ireland, [4]Cork University Maternity Hospital, Cork, Ireland, [5]University Maternity Hospital Limerick, Limerick, Ireland

Small placental size has been associated with adverse pregnancy outcomes such as low birthweight. We aimed to examine the correlation of antenatal 2D ultrasound estimation of placental surface area (SA) and volume with postnatal placental measurements and neonatal birthweight.

This prospective cohort study examined 277 singleton pregnancies in a tertiary centre. Scans were carried out at 10-14, 18-22 and 32-34 weeks. Placental thickness and diameter were measured in longitudinal and transverse planes. Placental SA and volume estimation were calculated using the measurements. Standardised images of the delivered placentas were taken and placental SA calculated digitally. Postnatal placental volume was calculated using water displacement method. Correlations of the antenatal measurements in each trimester with the postnatal measurements and birthweight were calculated.

A positive correlation was found between postnatal placental SA and birthweight ($r=0.47, p<0.001$). SA estimated at the second trimester was the most strongly related of all three scans estimates to the postnatal SA ($r=0.30, p<0.001$). A strong positive correlation was also found between placental volume at delivery and birthweight ($r=0.59, p<0.001$). The volume estimated at the third trimester was the most strongly correlated of all three scan estimates to the postnatal placental volume ($r=0.26, p<0.001$).

Placental SA and volume at delivery is strongly related to birthweight. Estimating these on antenatal ultrasound is challenging, with only moderate correlation at the second trimester scan for SA and in the third trimester scan for placental volume. Larger studies are needed as the measurements can potentially be used as a predictive tool for fetal growth restrictions.

INTRODUCING THE STOP TRIAL: SMOKING CESSATION THROUGH OPTIMISATION OF CLINICAL CARE IN PREGNANCY

POSTER

Brendan P Mc Donnell[1,2], Bernard Kennedy[1], Farah Nazir[1], Patrick Dicker[2], Sheila Keogan[3], Luke Clancy[3], Carmen Regan[1,]

[1]Coombe Women and Infants University Hospital, Dublin 8, Ireland, [2]Royal College of Surgeons in Ireland, Dublin 2, Ireland, [3]TobaccoFree Research Institute, Dublin 8, Ireland

Background:

Cigarette smoking in pregnancy negatively impacts on maternal and fetal health and smoking cessation is one of the few interventions capable of improving pregnancy outcomes. Despite the risks, the most effective antenatal model of care for smokers is still unclear and specific recommendations for screening for fetal growth restriction are absent.

Methods:

This is a pragmatic randomised controlled trial of the use of a dedicated smoking cessation antenatal clinic (the STOP clinic) compared to routine antenatal care. In the STOP clinic, all antenatal care is given by a team comprised of an obstetrician, midwife and smoking cessation practitioner. We are recruiting 450 women and randomising them with stratification for age, parity and history of fetal growth restriction to either intervention or control arms. The intervention arm comprises the STOP clinic with ultrasound screening for fetal growth restriction at 32 and 36 weeks. The control arm is divided into two groups: 1) Routine care with ultrasound screening for fetal growth restriction and 2) Routine care with no ultrasound screening for growth restriction.

Outcomes:

The primary outcome is self-reported, continuous abstinence from smoking between the quit date and end of pregnancy, validated by exhaled carbon monoxide (CO) or urinary cotinine. The quit date is targeted as being at or before 16 weeks gestation and no further than 28 weeks gestation. The secondary outcomes are a set of variables including maternal and fetal morbidity and mortality, neonatal complications and delivery outcomes; smoking and psychological outcomes, and qualitative measures.

SMOKING CESSATION SUPPORT AND OBSTETRIC OUTCOMES IN AN IRISH MATERNITY HOSPITAL.

POSTER

Brendan P Mc Donnell[1,2], Lydia Leigh[1], Sheila Keogan[3], Luke Clancy[3], Carmen Regan[1,2]

[1]Coombe Women and Infants University Hospital, Dublin 8, Ireland, [2]Royal College of Surgeons in Ireland, Dublin 2, Ireland, [3]TobaccoFree Research Institute, Dublin 8, Ireland

Background:

Maternal cigarette smoking is a recognised risk factor for maternal and fetal morbidity and mortality and remains a significant problem in the Irish maternity system. We reviewed the care given to smokers in a large urban maternity hospital.

Methods:

This is a retrospective cohort study of 100 consecutive smokers and 110 contemporaneous non-smokers who delivered at a large urban maternity hospital of over 8,200 births per year in Oct-Nov 2017.

Results:

In general, mothers who smoked were younger (29yrs vs 33yrs p<0.001) and of higher parity (1.4 vs. 1.0 p<0.001), were less likely to have a planned pregnancy (44.4% vs 79.6%, p<0.001) and less likely to have taken pre-conceptual folic acid (22.2% vs 58.3%, p<0.001) than non-smokers. These mothers had a higher rate of history of illicit drug use, particularly cannabis (19.1% vs 0.9%, p<0.001) and opiates (16.1% vs 0.9%, p<0.001). 36.3% of smokers had depressive disorders and 34.3% experienced anxiety disorders. Smoking cessation advice was documented in only 36.5% of smokers. 66.6% of smokers required an additional ultrasound in pregnancy, mostly due to fetal growth restriction. Infants of smoking mothers had lower mean birthweight (3.16kg vs 3.47kg p<0.001) and mean birth centile (27th vs 47th p<0.001) than non-smokers. 28% of these babies were small for gestational age, an incidence significantly higher than non-smokers at 13% (p<0.001).

Conclusion:

Maternal cigarette smoking appears to be a largely accepted risk factor in the population studied. We identified an absence of smoking cessation services and a lack of care pathways.

CATAMENIAL PNEUMOTHORAX: A CASE REPORT OF PLEURAL ENDOMETRIOSIS

POSTER

Nicola Whelan, Hifsa Sial, Helena Bartels, Nikhil Purandare

University Hospital Galway, Galway, Ireland

Endometriosis is the presence of endometrial tissue in anatomical locations outside the uterus. In rare cases endometriosis may be found in extra-pelvic locations including thorax, abdomen, and brain. The most common presentation of thoracic endometriosis is with catamenial pneumothorax.

We present the case of a 30 year old para 1 with thoracic endometriosis. Chest x-ray for occupational health screening revealed incidental finding of large right-sided pneumothorax. The patient was asymptomatic and of note was on the first day of her menstrual cycle. Obstetric history was significant for spontaneous vaginal delivery in 2013 and last smear in 2016 was normal. There was no significant medical or surgical history.

The patient was admitted from radiology department and a chest drain was inserted which drained 750ml of bloody fluid. Analysis of the fluid revealed only scanty white blood cells and Ziehl-Neilsen staining was negative. Lung biopsy returned the presence of endometrial glands and stroma. On Day 8 of the patient's menstrual cycle the chest drain was removed and she was discharged home on OCP.

With the onset of next menstruation there was recurrence of large right-sided pneumothorax. Cardiothoracic input was sought and it was decided to proceed with pleurectomy. Histology confirmed pleural endometriosis with surrounding chronic inflammation and fibrosis with endometrial stromal cells and macrophages present. The patient recovered well post-operatively and was discharged on triptorelin for hormonal suppression.

Pleural endometriosis is a rare but serious condition with significant morbidity. Treatment aims to prevent recurrent pneumothorax by hormonal suppression or surgery.

OBSTETRIC OUTCOMES IN WOMEN WITH EPILEPSY ATTENDING A MATERNAL MEDICINE CLINIC

POSTER

Ap Worrall[1], S Murphy[2], C Brophy[2], C O'Brien[2], A Clohessy[2], M Higgins[2,3], V O'Dwyer[2], F McAuliffe[2,3]

[1]Trinity College Dublin, Dublin, Ireland, [2]National Maternity Hospital, Dublin, Ireland, [3]University College Dublin, Dublin, Ireland

Epilepsy is common high-risk medical condition during pregnancy and should be managed by a multidisciplinary team. Antiepileptic drug (AED) titres are used to assess adherence and detect sub-therapeutic dosing. Modern AEDs have a good safety profile. With appropriate antenatal care favourable pregnancy outcomes can be achieved for women with epilepsy.

This prospective study was conducted in the National Maternity Hospital. We reviewed 75 pregnancies from 2004-2017. Demographics, AED drug titres, antenatal ultrasounds, and pregnancy outcomes were investigated.

Sixty-six women attended the maternal medicine clinic with 75 pregnancies. The mean age was 29 years (SD 5.7). In 78.7% of the pregnancies the mother was taking an AED. Monotherapy was prescribed in 77.9%, and dual-therapy in 22.1%. The most common AEDs prescribed included Lamotrigine (37.3%), Levetiracetam (25.4%) and Carbemazepine (11.9%). 49.3% of women had a drug titre measured during their antenatal management.

In primigravidas and multigravidas 59.6% and 69.6% had a spontaneous vaginal delivery, 19.2% and 8% had instrumental deliveries, induction rate was 30.7% and 39.1%, and epidural rate was 53.8% and 47.8% respectively. Elective CS rates were 11.5% and 8.6% and emergency CS rates were 9.7% and 13.2% respectively. Main indications were breech position, previous caesarean and fetal distress. The mean birth weight was 3273g (SD 738). Intrauterine growth restriction was detected on third trimester ultrasound in 10 cases. There was one cardiac fetal anomaly.

The majority of women were treated with new AEDs. There was a low rate of fetal complications and a high rate of vaginal delivery.

OBSTETRIC ULTRASOUNDS IN WOMEN WITH EPILEPSY

POSTER

Ap Worrall[1], S Murphy[2], C Brophy[2], C O'Brien[2], A Clohessy[2], M Higgins[2,3], V O'Dwyer[2], F McAuliffe[2,3]

[1]Trinity College Dublin, Dublin, Ireland, [2]National Maternity Hospital, Dublin, Ireland, [3]University College Dublin, Dublin, Ireland

Women with epilepsy (WWE) are encouraged to continue antiepileptic drugs (AEDs) during pregnancy to prevent seizures in pregnancy. The purpose of our study was to examine the number and type of abnormalities detected on ultrasound in WWE.

This was a prospective observational study of women with epilepsy who attended the maternal medicine clinic at the National Maternity Hospital from 2000-2018. Ultrasound results were obtained from ViewPoint Software.

There were 412 pregnancies among the 215 women. Mean age was 30.5 years (SD 5.7). All women were advised to take 5mg folic acid. Of the 412, 85% were taking an AED, with 23% prescribed more than one medication. Lamotrigine was used by 41.5%, levetiracetam 25.2%, carbamazepine 13.1%, sodium valproate 8%, topiramate 4.6%, pregabalin 2.3%, zonisamide 2.3%, clozabam 1.6%, oxy-carbemazepine 0.8%, clonazepam 0.4% and phenytoin 0.2%.

In the first trimester, there were 44 (10.7%) miscarriages, 6 ectopic pregnancies and one fetal anomaly. There were 11 (2.7%) fetal anomaly scans detected at anatomy scan. In the third trimester, intrauterine growth restriction <10thcentile was detected in 32 (7.6%) pregnancies. 46.7% were not prescribed AEDs, 28.1% were on lamotrigine, 6.25% on carbamazepine, 6.25% sodium valproate, 6.25% levetiracetam and 3.1% topimarate.

The vast majority of women were taking an AED. Anomaly rates are in line with European rates. Fetal growth restriction was within expected rates, and equally distributed among WWE who were taking AEDs and those that were not taking AEDs. WWE managed on the newer AEDs are likely to have normal fetal ultrasounds and outcomes.

CRYPTIC PREGNANCY: REALITY OR MYTH? – A CASE SERIES

POSTER

Emmanuel Hakem, Khalid Ali, Yasmine Roden, Vijayashree Hiremath

South Tipperary General Hospital, Clonmel, Ireland

Background

There has been a notable rise in the number of cryptic pregnancies in Ireland. Cryptic Pregnancy or denied pregnancy is defined as absence of the subjective awareness of symptoms pregnancy, which distinguish it from the intentional concealment of the pregnancy where the women keep her pregnancy as a secret for various reasons.

Purpose

To help distinguish between concealed pregnancy and cryptic pregnancy and the consequences to the mother, baby and health care system associated with both conditions.

Study design and methods

Observational case series, reporting four cases of cryptic pregnancies and review of the literature for possible theories and consequences of unawareness of pregnancy.

Findings

Concealed pregnancy is associated with serious consequences to the mother and the neonate while Cryptic pregnancy is not associated with neonaticide, neglect or abuse, it is more associated with low birth weight and prematurity.

Conclusion

Cryptic pregnancy is a reality, there are few suggested theories behind it is not as serious as concealed pregnancy. The ratio of concealed pregnancy in a university hospital in Ireland is quoted as 1: 148 births, while the overall ratio of cryptic pregnancy in a large German Study was 1:475 and 1:2455 were pregnancy was only diagnosed at labour.

RETROPUBIC TENSION FREE VAGINAL TAPE FOR STRESS URINARY INCONTINENCE A RETROSPECTIVE 7 YEARS ANALYSIS IN MAYO UNIVERSITY HOSPITAL CASTLEBAR

POSTER

Irum Farooq, Rawia Ahmed, Bolanle Eddo, Hilary Ikele

Mayo University hospital, Castlebar, Ireland

Objective

To evaluate the outcomes and complications of Retropubic tension free vaginal tape procedure (TVT) for stress urinary incontinence (SUI).

Methods

A retrospective audit from 01.01.2011 to 31.12.2017.

Results

Total number of patients was 91. The mean age was 50 years. Mean parity was 3. Average weight was 74 kg. Average BMI was 27. Before surgery all patients had physiotherapy and Urodynamics. 69 patients had SUI, 18 patients had mixed picture incontinence and 4 patients had normal urodynamics with predominant symptom of stress incontinence.

Discussion

91 patients had TVT and cystoscopy . 71 was carried out under GA and 20 was done under spinal. Average blood loss 47ml . 14 patients had early postoperative complications. 1 patient had laparotomy on same day of surgery due to retroperitoneal hematoma, 7 patients had high residual volume which resolved before discharge, 3 patients were discharged on intermittent self catheterization for 1 week, 1 had tape readjustment after 2 weeks of intermittent self catheterization, 1 had haematuria and 1 patient had small hematoma treated with antibiotics .20 patients were day cases. 71 patients stayed overnight. Average follow up period was 7 weeks. 89 patients were continent. 2 patients had late complications, 1 patient had mesh exposure and had surgery, 1 had tape division at 6 months and referred to tertiary care with OAB.

Conclusion:

TVT is a highly effective, safe and minimal invasive procedure for treatment of SUI. Complications are uncommon and can be managed easily. Limitations of study were short duration of follow up.

CATEGORISATION OF CAESAREAN SECTION AND DECISION TO DELIVERY TIME IN A PERIPHERAL MATERNITY UNIT

POSTER

Jenny Stokes, Salah Aziz

Department of Obstetrics and Gynaecology, Cavan General Hospital, Cavan, Ireland

Classification of caesarean section is based on clinical definitions which correlate to the decision to delivery interval (DDI). An individualised approach to the urgency of a caesarean section is needed however broadly speaking a DDI of under 30 minutes is viewed as an auditable standard for a maternity unit. The categorisation of caesarean section must be decided by either Obstetrician or Senior Midwife and the decision to proceed should be clearly documented. The category must be agreed amongst all staff including obstetricians, theatre staff and anaesthetics. (1)

The aims were to identify if categorisation is used and communicated correctly, to identify the reasons for each classification and to quantify the decision to delivery interval.

A retrospective audit of the first 48 Category 1 or 2 caesarean sections at Cavan General Hospital in 2018 was completed. A predefined proforma was used and the RCOG and Rotunda Guidelines were adhered to.

The indication for caesarean section was documented in 100% of cases. The categorisation was recorded by Midwifery for each case however Obstetricians and Anaesthestists had poor documentation of categorisation. The decision time was well documented in 95% of cases. Ninety-three percent of the cases correctly matched in their documentation by Obstetrics and Anaesthetics however there was poor documentation to base this figure on. There were two changes in the category of the caesarean section and the reasons for these were well documented. The decision to delivery interval was easily identified in all cases and was in line with standards.

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THE USE OF METHOTREXATE IN THE MANAGEMENT OF ECTOPIC PREGNANCY

POSTER

Jenny Stokes, Catherine Finnegan , Karen Flood

Department of Obstetrics and Gynaecology, Rotunda Hospital, Dublin, Ireland

Methotrexate is recommended in women with unruptured ectopic pregnancies <35mm, minimal pain, HCG <1500iu and no intrauterine pregnancy. Studies have reported 14% will require a second dose and less than 10% will require surgery. The aim of this re-audit was to assess how many patients received methotrexate, was selection appropriate and did follow up conform to guidelines.

This was the third cycle of retrospective audit between January and November, 2016 for comparison with 2013 and 2014.

The population chosen was anyone who received methotrexate for suspected ectopic pregnancy. Charts were reviewed for completed ultrasounds and follow-up. Day 4 and 7 levels were recorded. The length of follow-up in days and the final bHCG level taken was recorded.

Forty-one patients received methotrexate with final analysis completed on 38 patients. Of these, 4 required a second dose and 4 required laparoscopy (10.5%) in comparison to one laparoscopy in 2014. Ninety-two percent had U+E and LFTs completed before methotrexate. Eighty-nine percent had a full blood count. All patients had an ultrasound completed, 73% showed an adnexal mass (44.8% in 2014) and none had fetal cardiac activity. HCG level compliance was 100%, the average number of HCGs was 8 (9 in 2014). Of the 34 patients receiving only one dose, 73% had a final level recorded as less than 2iu versus 44.8% in 2014.

Methotrexate is a safe, successful treatment in appropriately selected women and levels of intervention are either in line or lower than those recommended as a minimum in international best practice.

THE IMPACT OF ULTRASOUND ON MATERNAL FETAL ATTACHMENT AT THE FIRST ANTENATAL VISIT

POSTER

Mary Catherine Walsh, Eimer O'Malley, Ciara Reynolds, Mairead Kennelly, Sharon Sheehan, Michael Turner

UCD Centre for Human Reproduction, Dublin, Ireland

Background

Maternal-fetal attachment (MFA) describes the relationship between a mother and her unborn child. Suboptimal attachment may have negative consequences, particularly if it is associated with unhealthy maternal behaviour that increase the risk of adverse pregnancy outcomes.

Purpose

The aim of this prospective study was to examine the relationship between MFA at the first hospital antenatal visit and the impact of an ultrasound examination in the first trimester.

Methods

Women were recruited at their convenience after they attended the Ultrasound Department for a routine dating ultrasound at their first visit. Informed consent was obtained and clinical and sociodemographic details were recorded. Women were also asked to complete validated MFA and Perceived Stress Scale (PSS) questionnaires.

Findings

Of the 90 women recruited, 80 completed the questionnaires successfully. No association was found between the MFA score and maternal age, parity, education, marital status previous pregnancy loss or smoking behaviour. An unplanned pregnancy was associated with a lower mean MFA score ($p<0.05$) and a higher mean PSS score ($p<0.005$). More than half (57.5%) the women reported that the ultrasound examination increased attachment. The increase was more likely to occur in women with a high PSS (n= 47) than in women with a low PSS (n=33) (p=0.02).

Conclusions

This study found that an ultrasound examination in early pregnancy confirming an ongoing healthy pregnancy increased maternal attachment and decreased anxiety in women with an unplanned pregnancy. The impact of improved MFA on pregnancy outcomes and subsequent childhood development merits further study.

BROAD LIGAMENT TEAR AN UNUSUAL CAUSE OF MATERNAL COLLAPSE A CASE REPORT

POSTER

Lavanya Shailendranath, Sarah Milne, Sara El Nimr, Miriam Doyle

Midland Regional Hospital Portlaoise, Ireland

The broad ligament is a peritoneal fold that attaches the uterus, fallopian tubes, and ovaries to the pelvis. Haemoperitoneum secondary to uterine vessel rupture during pregnancy or postpartum is a rare occurrence. A case of haemoperitoneum secondary to a left broad ligament tear is reported.

A 34-year-old woman, para 4+1 presented with a history of collapse, right shoulder and abdominal pain one week after a road traffic accident.

The patient was haemodynamically stable initially and was admitted for observation. Transvaginal ultrasound revealed an empty uterus, no adnexal mass and features consistent with an organised clot in the pouch of Douglas. The patient was consented for laparoscopy because of a suspected ruptured ectopic. The findings were as follows; 1000ml of an organised clot in the pelvis and POD, normal uterus, right ovary and fallopian tubes, no evidence of ectopic pregnancy, blood clot on the surface of the left ovary with a horizontal tear in the broad ligament on the left pelvic sidewall. The pelvis was irrigated, haemostasis was achieved following diathermy to the tear and the surface of the left ovary. Two units of red cell concentrate were administered intraoperatively. The patient developed temperature > 38.2, 8 hours after laparoscopy. Antibiotics were commenced after a septic workup. Blood cultures, MSU and HVS were negative. The patient was discharged on the 4th postoperative day. The initial β HCG was 1968mIU/mL and this fell to 485.2mIU/mL 48 hours later. She was followed up in EPAU weekly until the βHCG was < 5mIU/mL.

SELECTIVE SCREENING FOR GESTATIONAL DIABETES MELLITUS IN A UNIVERSITY MATERNITY HOSPITAL

POSTER

Micheal O Duill, Eimer O'Malley, Ciara McArdle, Rachel Kennedy, Ciara Reynolds, Michael Turner

UCD Centre for Human Reproduction, Dublin, Ireland

Background

In Ireland and the UK, selective screening for gestational diabetes mellitus (GDM) is advocated. There is a lack of information regarding the proportion of pregnant women who are selectively screened and the incidence of GDM according to the indications for screening.

Aim

The aim of the study was to assess adherence to the selective screening guidelines and the incidence of GDM in the cohort.

Methods

The first 200 consecutive women who attended for antenatal care and delivered a baby weighing ≥500g in 2017 were identified. Their clinical and sociodemographic details were computerised including risk factors (RF) for GDM as outlined in the national guidelines. The laboratory system was searched for results of the OGTT and the gestation at the time of screening was recorded.

Findings

Of the 200 women, 60.5% were Irish-born, 20.5% were obese and the mean age was 31.8 years (SD 5.6). There were 93 women with maternal RF, 13 with fetal RF and 9 women without documented RF who were tested with 29 (27.9%) testing positive. Including the 5 women diagnosed before the OGTT, the incidence of GDM was 17.0% (n=34).

Conclusions

Over half of the cohort required selective screening for GDM and compliance with the national recommendations was incomplete. We believe that the information in this study will prove useful for the planning of maternity services for GDM in the future.

TORSION OF PARATUBAL CYST CAUSE OF PAIN IN A PREPUBERTAL GIRL A CASE REPORT

POSTER

Lavanya Shailendranath, Sara Elnimr, Sarah Milne, Miriam Doyle

Midland Regional Hospital Portlaoise, Ireland

A paratubal cyst also known as the paraovarian cyst is an epithelium-lined fluid-filled cyst in the adnexa adjacent to the fallopian tube and ovary.

A case of torsion of right paratubal cyst in a prepubertal girl is reported.

A 10-year-old girl was admitted under the care of the surgeons with a history of right iliac fossa pain of 24 hrs duration. The WCC was slightly raised-16.5 x 10^9 cells per litre, CRP less than 3mg/l. A diagnostic laparoscopy was performed as the clinical diagnosis was appendicitis. Intraoperatively the appendix appeared normal. There was an appendage at the fimbrial end of the right fallopian with a constriction at the base giving the impression of torsion. The tissues appeared discoloured. The constriction band was released and the appendage removed. The patient was discharged 48 hours later. She was very well at a six-week review appointment. Histological examination confirmed a benign right paratubal cyst with features of torsion. Excision of a paratubal or paraovarian cyst is necessary to decrease the risk of recurrence and ovarian torsion in the future.

SURGICAL MANAGEMENT OF A LIVE CERVICAL ECTOPIC PREGNANCY

POSTER

Rama Ola Akachuku, Majda Almshwt

Mildlands Regional Hospital Mullingar, Mullingar, Ireland

Cervical ectopic pregnancy is a rare type of an ectopic pregnancy which occurs when the pregnancy implants in the lining of the endocervical canal. It accounts for less than 1 percent of ectopic pregnancies with an incidence of approximately 1 in 9000 deliveries. It also accounts for 3.7 percent of IVF ectopic pregnancies. Cervical ectopic pregnancy might lead to life threatening haemorrhage requiring hysterectomy secondary to erosion of cervical blood vessels.

We present a case of 39 years old woman with a previous lower segment caesarean section who had ICSI transfer who presented with a light per vaginal bleeding and lower back ache.

A transvaginal ultrasound examination confirmed a live cervical ectopic pregnancy with a ballooned out cervix and a gestational sac in the cervical canal which measured 12x7x9mm. The lower segment caesarean section scar was separated from the gestational sac. The endometrial thickness remained the same at 6.7mm and both ovaries were normal with no free fluid in the POD.

Her serum beta human choronic gonadotropin (BhCG) which was 3724mIU/mL and progesterone of 14.69 ng/mL. She had a hysteroscopic resection of the cervical ectopic pregnancy under general anaesthesia. There were no intra- or post operation concerns. A repeat BhCG the following day deceased to 935 mIU/mL as well as progesterone which was 1.09ng/mL. She remained haemodynamically stable with only PV spotting.
She was discharged home day 1 post her operation and to be followed up in the early pregnancy unit for repeat BhCG next week.

POSTNATAL SCREENING FOR MATERNAL SMOKING

POSTER

Ciara Mc Ardle, Micheal O'Duill, Eimer O'Malley, Rachel Kennedy, Ciara Reynolds, Michael Turner

UCD Centre for Human Reproduction, Dublin, Ireland

Background

Smoking status is often underreported in pregnancy, thus prevalence may be underestimated. Breath carbon monoxide (BCO) measurement is advocated to identify pregnant women who fail to disclose their current smoking. There is a paucity of information in the literature regarding smoking behaviour after the first antenatal visit.

Aims

This study examined the smoking behaviour of women throughout pregnancy and immediately after delivery using a detailed questionnaire and BCO measurement.

Methods

Women on the postnatal ward were consented for BCO testing under supervision and asked to complete an unsupervised accompanying questionnaire on smoking behaviours. Approval was granted by the Hospital Research Ethics Committee.

Findings

Of the 114 women who completed the questionnaire the mean age was 30.4 years (SD 5.7) and 50.9% were first-time mothers. At the first antenatal visit 5.3% self-reported as current smokers which increased to 7.9% postnatally despite women reporting no change in smoking status in pregnancy. A further 7.9% reported quitting in early pregnancy, but none quit after the first antenatal visit. A BCO cut-off of >2ppm gave a possible non-disclosure rate of 15.2% and a rate of possible smokers missed of 44.4%.

Conclusions

The use of BCO measurement to identify smoking has limitations in an inpatient setting perhaps due to constraints on usual daily smoking behaviour. The postnatal questionnaire and BCO measurement resulted in a higher disclosure rate compared to interview at the first antenatal visit. This suggests postnatal smoking cessation interventions should receive greater attention.

AN ACUTE PRESENTATION OF VULVAL SWELLING THINKING OUTSIDE THE BOX

POSTER

Sarah Nicholson, Geraldine Connolly

Rotunda Hospital, Dublin, Ireland

AB is a 12yo girl referred to gynaecology clinic with perineal swelling. She originally presented to the emergency dept in OLCHC with an acutely inflamed vulva on a background of abdominal pain intermittently for 3 months.

She had a past medical history of significant atopy with severe peanut allergy, asthma, eczema and allergic rhinitis.

She attended the paediatric gynaecology clinic in Temple St. hospital, the findings were confirmed, and was referred for a scan of the vulval tissue and was commenced a trial course of hydrocortisone with no improvement. The vulval scan confirmed thickening of the vulval tissue with no obvious cause. She had been referred to the paediatric allergist. At the time of her visit to the allergist, AB had also complained of oral ulcers, which were not settling, and had a referral organised to see a dental surgeon.

She was diagnosed with orofacial granulomatosis based on examination of the oral cavity, and was commenced on a cinnamon and benzoate restricted diet. Both the oral ulcers and perineal swelling resolved within one week of commencing this diet.

Orofacial granulomatosis is a rare condition of unknown aetiology which results in granuloma formation, usually in the region of the mouth, jaw and face. Cases of vulval swelling have been associated with diagnosis of crohns disease and she is currently under investigation for this. She continues to be symptomatic on a specialised diet.

VAGINAL SMALL CELL CARCINOMA AS RARE AS HENS TEETH

POSTER

Sarah Petch[1], Nikita Deegan[1], Gunther Von Bunau[1], Fiona O'Toole[1], Bevin Arthurs[1]

[1]Tallaght University Hospital, Dublin, Ireland

Neuroendocrine tumours (NETs) can arise anywhere in the body, but are most commonly associated with the gastrointestinal tract, pancreas and lung. Small cell carcinomas are a subset of poorly differentiated NETs. Only 5% of these occur outside the lung, and small cell carcinomas of the genital tract are extremely rare. These are aggressive tumours and are associated with a poor prognosis.

We present the case of a 74 year old Para 5 lady who was referred by her GP to gynaecology out patients with a four week history of post-menopausal bleeding. She had had a total abdominal hysterectomy 35 years previously for menorrhagia. Her background history is significant for chronic kidney disease, type 2 diabetes, giant cell arteritis, diverticular disease, depression, ischaemic heart disease, hypertension and hypercholestrolaemia.

A 3cm fungating and bleeding mass was seen on her right vaginal wall. The mass was biopsied and she was admitted for a CT TAP and MRI pelvis.

MRI showed a 3 cm right vaginal wall locally invasive mass lesion abutting the urinary bladder and rectum however no invasion of these structures was identified. CT TAP showed no evidence of distant metastases. Estimated disease stage TII N0 vaginal carcinoma. Histology showed a neuroendocrine carcinoma of small cell type.

This case is an example of a rare histological subtype of vaginal cancer with only 26 such cases previously reported. The patient was discussed at a Gynaecology Oncology MDT. She is currently undergoing radiation therapy and is doing well.

PREDICTING RECURRENT PRETERM BIRTH AN ANXIETY REDUCING MEASURE

POSTER

Sarah Petch, Alison DeMaio, Sean Daly

Coombe Women and Infants University Hospital, Dublin, Ireland

Preterm birth (PTB) is a major cause of infant morbidity and mortality, as well as maternal anxiety. The QUiPP application combines history, measurement of cervical length and fetal fibronectin to accurately identify women at high risk for PTB. This allows for targeted intervention and may reduce maternal anxiety.

Our aim was to evaluate the role of the QUiPP app in prediction of PTB in asymptomatic pregnant women with a previous PTB, and to evaluate maternal anxiety as a result of surveillance.

A prospective cohort study of asymptomatic pregnant women, with a previous PTB, attending the Prevention of PTB Clinic in a tertiary unit. The QUiPP app was used to estimate risk of PTB at specific intervals, four weeks prior to gestation of their earliest previous PTB. Measured outcomes were gestation at delivery, infant birth weight, NICU admission, and length of stay in NICU. Maternal anxiety levels were retrospectively assessed by a Likert scale questionnaire.

n=76. All women were asymptomatic for preterm birth at assessment. The PTB rate was 29% (n=22), 45% of these delivered <34 weeks. 74% of those who delivered <37 weeks and 80% of those who delivered <34 weeks were given a QUiPP score predicting a ≥5% chance of delivery within 4 weeks of their actual delivery date. After receiving a QUiPP score 90% of women felt less anxious.

In asymptomatic women, the QUiPP app helps to predict, prevent, and optimise PTB. Our surveillance reduced maternal anxiety, this may in turn reduce the risk of recurrent PTB.

MANAGEMENT OF RECTAL CANCER DIAGNOSED IN PREGNANCY

POSTER

Roisin Mc Connell, Darin Ahmed, Tom O'Gorman

University College Hospital Galway, Galway, Ireland

Colorectal cancer in pregnancy occurrs in approximately 1 in 13,000 pregnancies(1). Unfortunately symptoms of colorectal cancer, constipation, abdominal distention and per rectal bleeding, commonly occur in pregnancy(1). We present the case reported of rectal cancer diagnosed in pregnancy.

Ms X is a primigravida with a history of MS controlled on copaxone injections. She had no other significant medical or family history.

At 15/40 she complained of shoulder tip pain and dyspnea. Her CTPA was negative. At 20/40 she reported rectal bleeding however rectal exam was normal. At 26/40 she presented with abdominal pain and shoulder discomfort, an MRI demonstrated multiple liver lesions which were suspicious for metastases. A liver biopsy demonstrated an adenocarcinoma which stained strongly for TTF-1 and CDX2 suspicious for either a lung or gastrointestinal primary site. Given her normal CTPA and history of rectal bleeding a GI primary was suspected.

A decision was made for elective C-section at 30/40 so as not to delay chemotherapy. A baby girl was delivered and transferred to NICU, currently making good progress. Postpartum, Ms X underwent a staging CT TAP demonstrating liver disease and rectal wall thickening. Currently she is receiving 4 cycles of chemotherapy.

Chemotherapy has been used to treat certain cancers antenatally, however knowledge of its use to treat rectal cancer remains limited. Currently there are only 8 case reports of its use antenatally to treat rectal cancer in the literature(2). Unfortunately, prognosis remains poor with median survival approximately 36 months.

MANAGEMENT OF 3RD AND 4TH DEGREE PERINEAL TEARS ARE THE STANDARDS BEING MET

POSTER

Karim Botros[1], Saleha Sajjad[2], Waleed Khattab[1], Jawaria Khan[1]

[1]university Hospital Waterford, Waterford, Ireland, [2]university Hospital Galway, Galway, Ireland

Over 85% of the women delivering vaginally sustain some form of perineal trauma with 60% requiring suturing worldwide. The incidence of 3rd and 4th degree perineal tears is 0.9%; 3rd degree tears contributing the most.

In this audit, we aimed to assess the documentation and deficiencies in the management of 3rd and 4th degree perineal trauma in University Hospital Waterford as per HSE and RCOG Guidelines.

A retrospective chart review of 36 women was carried out over a period of 1 year i.e Jan-Dec 2017 who suffered 3rd and 4th degree tears. Of these, 64% (n=23) received it after instrumental vaginal delivery whereas 36% (n=13) had it after spontaneous vaginal delivery. 91.6% (n=33) women had 3rd degree, 5.6% (n=2) had 4th degree and 2.7% (n=1) had button-hole tear. 63.8% of repairs were done in theatre whereas rest 36.2% were done in labour ward. 75% had epidural, 19.4% had spinal and 5.6% had local anesthesia for repair. 20 (56.6%) of these 36 women had episiotomy. Maxon 2/0, PDS 3/0 and vicryl 2/0 was used in 56.6%, 11.3% and 25% of the women, respectively. At 6 weeks follow up, 25(69.4%) women were asymptomatic, 6 had fecal or flatus incontinence, 1 had recto-vaginal fistula while 5 did not have a follow up.

The audit concluded that certain areas were not up to the auditable standards as compared to others. Recommendations were made accordingly to improve the deficiencies. A re-audit will be conducted after 6 months of implementation of recommendations.

LARGE GENITAL PUERPERAL HAEMATOMA AN UNUSUAL PRESENTATION CASE REPORT

POSTER

David Ayodele Aina, Fadi Salameh-Tamas, Mairead O'Riordan

Cork University Maternity Hospital, Cork, Ireland

- **Background**

  Genital haematoma (PGH) is a rare complication of vaginal births which can have serious morbidity and even mortality especially when concealed and undiagnosed promptly. It is thought to complicate about 1:300 to 1:15000 deliveries[1], and usually due to the trauma associated with vaginal delivery either directly (episiotomy) or indirect (distension of the presenting foetal part).

Common known risk factors are nulliparity, maternal age > 29 years, episiotomy, baby more than 4kg and operative vaginal delivery.

The usual symptoms described are perineal pain and swelling, feeling of bearing down, signs of severe blood loss or hypovolaemic shock. This diagnosis can often be missed especially when the haematoma occult, and this could be fatal. Sometimes this unusual pain may be dismissed as an effect of perineal injury repair.

- Purpose of Study - To describe an unusual case where the haematoma collection was on the contralateral side of the episiotomy and highlight the possible risk factors
- Study Design and Methods - The case file was reviewed in details and key findings summarised. The patient consented to the report.
- Findings of the Study - Large genital haematoma, left vulvo-vaginal about 20cm size contralateral to the episiotomy site.
- Conclusions and programme implications - our patient has the typical risk factors previously described.

It is important to note that despite the majority of puerperal genital haematomas are due to birth injuries like episiotomies and tears, it can also happen spontaneously during the birthing process and any unusual perineal pain post vaginal delivery should warrant a thorough perineal and vaginal examination.

SEXUAL HEALTH BEHAVIOURS AMONGST UNIVERSITY STUDENTS

POSTER

Dr Roisin Mc Connell[1], Dr Sarah Meaney[2], Dr Keelin O'Donoghue[3]

[1]University College Hospital Galway, Galway, Ireland, [2]University College Cork, Cork, Ireland, [3]Cork University Maternity Hospital, Cork, Ireland

Men and women under 30 are most at risk of experiencing either a crisis pregnancy or a sexually transmitted infection(STI)[(1)]. This cohort accounted for 70% of new STI infections in 2016[(1)]. Consistent contraception use reduces crisis pregnancies while barrier methods prevent STI infections[(1, 2)].

The aim of this study was to assess sexual health behaviours (SHB) among students at University College Cork regarding contraceptive methods, emergency contraception(EC) use and STI screening.

An online survey was distributed to all students at UCC. The questionnaire asked about STI screening, use of EC and reasons for requiring EC.

2079 students completed the survey. 1,832 (87%) students were sexually active(SA) with 1,445 (78.8%) of these aged under 25. Condoms, the combined pill and coitus interruptus were the main contraceptive methods used. 742 students previously used EC (n=1528, 48.5%) with 448 (34.3%) citing unprotected sex (UPSI) as the reason. Single students increasingly required EC for UPSI versus those in a relationship. 258 SA females (n=1,147, 22.4%) reported a pregnancy scare in the last six months. 895 SA students were never screened for STIs, (n=1,549 57.7%) however STI screening was increased amongst older students (25+).

EC was required by nearly half of students with UPSI cited as the reason by over a third, use of alcohol or drugs increases the likelihood of UPSI[(3)]. The poor uptake of STI screening is also concerning. This study demonstrates that students employ risky SHB increasing their risk of STI infection or crisis pregnancy.

INFLUENCE OF COST ON CONTRACEPTIVE CHOICES AMONGST UNIVERSITY STUDENTS

POSTER

Roisin Mc Connell[1], Sarah Meaney[2], Keelin O'Donoghue[3]

[1]University College Hospital Galway, Galway, Ireland, [2]University College Cork, Cork, Ireland, [3]Cork University Maternity Hospital, Cork, Ireland

The UN deems access to contraception a basic human right(1), however cost impedes access to certain contraceptives, especially long acting contraception(LARCs)(2). Removing this barrier increases LARC uptake, reducing crisis pregnancies(3).

This study aimed to assess contraceptive use, and factors influencing contraceptive choice among students in University College Cork. The second aim sought to determine the impact removing cost would have on contraceptive choice.

A survey was distributed via email to all students in UCC in September 2018. It assessed contraceptive choices, influencing factors and the effect provision of free contraception would have on their choices.

2,079 students completed the survey, 1532 (73%) were female and 1,840 (87%) were sexually active(SA). 1056 (63%) SA students used condoms, 767 (43%) used the combined pill and 171 (10%) used coitus interruptus. Contraceptive choice was influenced mainly by efficacy, preventing sexually transmitted infections and cost. Personal money covered costs for 1,288 SA students (73%, n=1835). Women received more financial aid from their parents but spent more than men. By removing cost, 392 SA women (34%,n=1,149) would definitely change contraception with 252 (19%) considering changing. Younger women (<25 years) were more likely to change than those over 25, however both groups preferred LARCs.

With impending legalisation of abortion, prevention of crisis pregnancies is paramount. This study demonstrates that students rely on either user dependent or unreliable methods including coitus interruptus. Nearly half of SA females would change contraception if cost was removed, demonstrating the barrier this poses to contraception access.

AN 18 MONTH REVIEW OF LABOUR AND DELIVERY OUTCOMES FOR GESTATIONAL DIABETIC PATIENTS IN OUR INSTITUTION

POSTER

Emily O Connor, Orla Donohoe, Lorna Smith, Marie Christine De Tavernier

Portiuncula University Hospital, Ballinasloe, Ireland

Before 2010, prevalence of gestational diabetes mellitus (GDM) was estimated between 1-3% across Ireland and the United Kingdom (UK)[1]. Since 2010, prevalence estimates of GDM range from 8-24%, due to implementation of new screening and diagnostic criteria. Our unit has a multidisciplinary GDM antenatal clinic and therefore a consistent approach to managing GDM. Set criteria are used to screen for GDM and diagnosed patients are managed by a single obstetrician and endocrinologist.

Our aim was to review the labour and delivery outcomes for all of the GDM patients in the unit between January 2017 and July 2018. Data were collected from the hospital birth register and patient records.

There were 2549 deliveries in PUH between January 2017 and July 2018. 202 patients were diagnosed with GDM during that time, representing 7.9% of the total deliveries. The mean maternal age was 34.1 years. 71.1% of the 202 patients delivered between 38 and 40 weeks' gestation. The mean fetal weight at delivery was 3417g. 22.2% (n=45) patients spontaneously laboured. 49.5% (n=100) patients underwent induction of labour (IOL). 23.2% (n=47) patients had an elective CS. For treatment of GDM, 14.8% of patients were treated with diet and lifestyle adjustments, 27.7% of patients had metformin alone, 38.6% of patients had metformin and insulin, and 13.8% of patients had insulin alone.

The NICE clinical guideline for managing GDM suggests IOL by 40+6 weeks' gestation to avoid labour and delivery complications associated with GDM[2]. The challenge to appropriately time IOL and avoid these complications remains.

DEVELOPMENT OF AN EARLY PREGNANCY LOSS INFORMATION PLATFORM – WEBSITE AND MOBILE PHONE APPLICATION

POSTER

Sabina Tabirca[1], Anna Maria Verling[1], Rachel Rice[1], Aoife Lynch[2], Keelin O'Donoghue[1]

[1]Cork University Maternity Hospital, Cork, Ireland, [2]University Hospital Cork, Cork, Ireland

Early pregnancy loss occurs 1 in 4 pregnancies. Many women prefer to Google search their symptoms when they are experiencing pain or bleeding in early pregnancy. These sites are not medically. Women need a platform to provide them with correct medical information regarding miscarriage.

We aimed to design such a platform, specifically designed, but not exclusive, to women attending Cork University Maternity Hospital, in the form of a website and a mobile phone application.

A multi disciplinary team was formed. A MSc student in Computer Science created the software platform in the form of a mobile phone application and a website. The content was created and reviewed by obstetrician gynaecologist consultants with a specialised interested in pregnancy loss before uploading it to the web platform.

The information on the website mirrors the mobile application in terms of the content. It has three main sections – *'Early Pregnancy*', '*Miscarriage'*, *'Next Time'*. *'Early* We included an *'About Us'* or *'FAQ'* section where the user can find information regarding the pregnancy loss staff and services provided in CUMH.

This platform is a solid tool to provide accurate and correct information to patients. The traditional model of 'shared maternity care' needs to accommodate electronic devices into its functioning. However the accuracy of mobile phone applications or websites that exist on the market is questionable. This platform is one of the few that is based on evidence base information and validated by professionals specialised in the area of pregnancy loss.

ADNEXAL MASS IN PREGNANCY

POSTER

Bosom Ekwere, Amina Javaid, Asifa Andleeb, Azlia Wahab

Our Lady of Lourdes Hospital, Drogheda, Ireland

Adnexal masses in pregnancy are common with prevalence of 0.19-8.8% and in our hospital 4 in 1480. The incidence of malignancy of these masses is 1 in 1500-32000. Most masses resolve spontaneously or can be managed conservatively. Surgery is reserved for acute abdomen, masses with complex elements or suspicious of malignancy. Most common adnexal cyst diagnosed during pregnancy is mature Teratoma, these are generally asymptomatic. Dermoid cyst of more than 6cm is prone to torsion. Ultrasound and MRI are useful diagnostic modalities.

In this review we will discuss mode of management between conservative vs surgical, laparoscopy vs Laparatomy, Cystectomy vs oopherectomy. We will also discuss on the need for progesterone or tocolytics support.

We based our review on Medical notes of these four cases.

All our patients had surgical intervention between 16-19 weeks gestation, three of the women were managed laparoscopically, one Laparatomy for twin pregnancies and mass adherent posterior to the uterus and pouch of Douglas. Three women received progesterone support. One delivered at 39 weeks gestation, one at 35 weeks gestation. Two of the women currently pregnant 39 and 32 weeks gestation respectively. All of the masses in our patients were between 6cm to 16cm.

Surgical management at second trimester is considered safe. Laparoscopy is preferable to Laparatomy in view of better post operative pain; recovery and shorter hospital stay with comparable obstetrics outcome to Laparatomy. Progesterone cover until 34 weeks gestation were given to patients who had oopherectomy or bilateral ovarian Cystectomy as recommended by most studies

A CASE OF ACUTE UTERINE INVERSION IN A YOUNG WOMAN WITH MASSIVE PRIMARY POSTPARTUM HAEMORRHAGE

POSTER

Amina Javaid, Anam Munir, Sassi Selvamani, Rozi Harkin

Our Lady of Lords Hospital, Drogheda, Ireland

Obstetric haemorrhage is the leading direct cause of maternal death. Acute uterine inversion is a rare but critical cause of it. Its incidence is 1 in 1200 to 8000 with mortality occurring in 15 percent of the cases. It arises when uterine fundus descends into the endometrial cavity, where the inner walls of the uterus may be exposed through cervix or vagina. Although five percent of cases occur on a non-obstetric basis, usually due to externalisation of a uterine mass.

This is a case report of a 19 year old primigravida who had a low risk antenatal period. Labour was induced due to postdates and she had forceps delivery due to prolonged second stage. Delivery of placenta was by active management of third stage and within ten minutes of delivery. She suffered from primary postpartum haemorrhage and was transferred to theatre where she was diagnosed with acute uterine inversion.

It is a rare case of acute uterine inversion which occurred despite normal 3rd stage of labour but was promptly managed. Under general anesthesia manual re positioning of uterus done and bakeri balloon inserted to keep uterus contracted. She received red blood cell, fresh frozen plasma to replace her blood loss. Total blood loss was 2250 cc.

Uterine inversion is a rare cause of primary postpartum haemorrhage and if not managed appropriately in a timely manner can lead to high morbidity and mortality.

In this case report uterine inversion happened in the absence of recognised risk factors.

AN AUDIT OF THE MANAGEMENT OF ANTENATAL ANAEMIA IN A COHORT OF LOW RISK PATIENTS

POSTER

Ellen Mc Mahon[1], Sophie Boyd[2]

[1]Cork University Maternity Hospital, Cork, Ireland

Maternal Haemorrhage is a leading cause of maternal morbidity and mortality in Ireland. According to the Confidential Maternal Death Enquiry 2009-2015 (1), two out of nineteen (10%) direct maternal deaths between 2009 and 2015 were attributed to maternal haemorrhage. According to the Royal College of Physicians Ireland, a low haemoglobin is an independent risk factor for maternal haemorrhage. Additionally, an antenatal haemoglobin less than 11 should be investigated and treated appropriately (2).

As per CUMH guidelines the detection of antenatal anaemia is based on full blood count (FBC) at 20 and 32 weeks gestation and haematinics are done to investigate anaemia if detected.

Aim

To audit the management of antenatal anaemia in a cohort of low risk patients.

Methods

All patients greater than 18 weeks gestation attending antenatal clinic on a given day in Cork University Maternity Hospital (CUMH) were included.

The haemoglobin at 20 and 32 weeks were recorded. Haematinic investigations and pre existing anaemia were noted. Documented oral iron and folic acid supplementation were recorded.

Data was recorded on Microsoft Excel, and stored on a HSE password protected computer.

Results:

There were 135 women attending the low risk clinic on the day of auditing. 40 patients were less than 32 weeks pregnant, 95 were attending for a 32 week visit or later.

74% of patients had 20 week FBC. Of the women greater than 32 weeks 64.5% had an FBC.

Conclusion

Results indicate that we are not currently meeting guidelines on screening for maternal anaemia.

MATERNAL ASSESSMENT UNIT PATIENT SATISFACTION SURVEY IN MIDLANDS REGIONAL HOSPITAL PORTLAOISE MRHP

POSTER

Sara El Nimr, Sarah Milne, Lavanya Shailendranath

Midlands Regional Hospital, Portlaoise, Ireland

Background

The Maternal Assessment Unit (MAU) is a service, primarily for women who are pregnant or recently delivered, outside of their scheduled antenatal appointments.

Purpose of study

To improve and audit patient satisfaction of women attending MAU over a period

Study design and methods

We conducted an anonymous survey that all women were invited to take part in over a period. 732 women were seen in MAU in that period, only 67 took part. A small questionnaire was filled out by the doctor or midwife that included; presenting complaint, maternal and gestational age and parity. Patient satisfaction was measured by 6 short questions by ticking yes or no. Women attending MAU were either pregnant, postnatal or Gyne patients.

Findings

The age and parity was consistent with our patient census booked in to MRHP. Overall 40% were primiparous. 16% were in the first trimester; 31% second trimester; 53% third trimester. 96% found MAU a comfortable, safe environment and were satisfied with the management plan. 79% felt their concerns were met by the doctor and 82% by the midwife. 92% were satisfied with the length of time it took to see a doctor and 97% for a midwife.

Conclusion

1 in 5 women felt their concerns were not met by the doctor. However, this survey was limited to understanding the reasons why. This would be a good standing point for an opportunity to gain understanding through another evaluation survey in future.

CASE PRESENTATION STRUMA OVARII

POSTER

Sara El Nimr, Sarah Milne, Lavanya Shailendranath

Midlands Regional Hospital, Portlaoise, Ireland

Background

Struma Ovarii is a monodermal ovarian teratoma mainly composed of mature thyroid tissue. They account for only 5% of Ovarian Teratomas and are considered a rare disorder.

Clinical details

The case of a nulliparous 21 year old female presenting with intermittent right sided flank pain for one month. Urine pregnancy test was negative. Her past medical and surgical history was insignificant, and she is otherwise healthy. Her urine dip was positive for blood, nitrates and leukocytes. She was commenced on empiric antibiotic therapy for suspected upper urinary tract infection and admitted under the surgical team who suspected a renal pathology.

Findings

Computed Tomograpy of the kidneys ureters and bladder (CT KUB) showed normal renal anatomy and no findings of renal pathology; a 10 x 10cm pedunculated cyst arising from the right ovary was noted; the left ovary was normal and there was free fluid in the pelvis and RIF. Patient was taken to theatre and a large right sided ovarian cyst was seen under laparoscopy twisted three times on its pedicle; laparoscopic right cystectomy was performed with specimens obtained sent for histology. Histopathology results reported an abnormal benign simple cyst wall with collection of benign mature thyroid follicles of the right ovary. Thyroid function tests were normal.

Conclusion

Struma ovarii is rare but commonly presents between the ages of 40 and 60 years. Therefore this was a rare presentation of a case of Struma Ovarii of the right ovary in a 21 year old female

OUR EXPERIENCE OF COLD COAGULATION IN THE ROTUNDA HOSPITAL THE FIRST 1000 PATIENTS

POSTER

Adrianne Wyse[1], Jennifer O Neill[1], Rose Thorne[1], Paul Byrne[1,2]

[1]Rotunda Hospital, Dublin, Ireland, [2]Royal College of Surgeons, Dublin, Ireland

Cold coagulation was introduced in 2015 to the Rotunda Hospital as a treatment for cervical intraepithelial neoplasia (CIN). In comparison to the current gold standard treatment, Large Loop Excision of the Transformation Zone (LLETZ), cold coagulation is thought to be as effective with no documented obstetrical complications. [1,2,3,4]

Our aim was to assess our first 1000 patients treated with cold coagulation.

We reviewed the 6 month follow up data of the first 1000 women who underwent a CC procedure using cytology and HPV status as test of cure indicators (TOC). To compare treatment outcome we reviewed all patients who had been treated by LLETZ during the same period for CIN. Follow up data on 940 (94%) patients who had been treated by Cold Coagulation and 788 (91%) treated by LLETZ were available at the time of the audit.

Six months following treatment,788 (84%) of the women treated by CC and 679 (86%) treated by LLETZ had negative cytology (x2= $P<0.05$).

This audit of the first 1000 patients treated by Cold Coagulation in the Rotunda Hospital supports the observation that Cold Coagulation is as effective as LLETZ in the management of CIN when using cytology or HPV status or both as a test of cure.

A CASE OF VIRAL MENINGITIS IN PREGNANCY

POSTER

Ruth Roseingrave[1], Savita Lalchandani[2]

[1]Cork University Maternity Hospital, Cork, Ireland, [2]University Hospital Kerry, Kerry, Ireland

Viral meningitis is an inflammation of the meninges caused by viral infection of the central nervous system. It is typically self-limiting with low morbidity. However, it is impossible to clinically differentiate between viral and bacterial meningitis, which carries high rates of maternal and fetal morbidity and mortality. A high index of suspicion is required for correct diagnosis and appropriate treatment of viral meningitis.

Few cases of viral meningitis are reported in the literature. We aim to contribute to the literature with our case study.

In our case study, we present Ms X who is a 34 year old para 1. She presented to the emergency department of a general hospital at 26+6 with fever and neurological symptoms. She was treated for suspected bacterial meningitis and transferred to a tertiary maternity hospital. She was also treated with antivirals and supportive therapy. Fetal investigations were reassuring.

Cerebrospinal fluid PCR was positive for enteroviral RNA, confirming a diagnosis of viral meningitis. Ms X improved clinically and was discharged after six days. She had an uncomplicated vaginal delivery following induction of labour for post-dates.

In conclusion, enteroviral meningitis complicating pregnancy is a rare occurrence. Accurate and timely diagnosis and treatment is key to recovery. Lumbar puncture for culture and PCR is the cornerstone of diagnosis, as it can determine the causative organism and appropriate treatment. Prognosis is excellent in adults and children, with mortality of <1% when neonatal mortality is excluded. There are no clear causal links with adverse fetal or neonatal outcomes.

AN AUDIT OF PATIENT SATISFACTION WITH OUTPATIENT HYSTEROSCOPY SERVICES, UNIVERSITY HOSPITAL KERRY

POSTER

Ruth Roseingrave[1], Eissa Ahmed[2], Savita Lalchandani[2]

[1]Cork University Maternity Hospital, Cork, Ireland, [2]University Hospital Kerry, Kerry, Ireland

Outpatient hysteroscopy is primarily used to investigate abnormal uterine bleeding. It is safe, well tolerated, and obviates the need for general anaesthesia. The Royal College of Obstetricians and Gynaecologists (RCOG) recommends that all gynaecology units are equipped with a dedicated outpatient hysteroscopy clinic (OHC). We conducted an audit to evaluate patient experiences in University Hospital Kerry's (UHK) OHC with the aim of improving patient satisfaction and ensuring best practice.

A questionnaire was completed by 60 patients in 2017. Results were analysed, and the RCOG Best Practice in Outpatient Hysteroscopy Green-top Guideline No. 59 was used to compare the service to best practice.

Eleven aspects of the service met the standards for best practice, and five fell below the expected standards. Aspects that met the standards included convenience of service, staff assessment, facility cleanliness and privacy. Aspects that did not meet the standards included time in the waiting room, comfort while waiting, and ease at locating the clinic. Despite the majority of patients (76.5%) experiencing mild to moderate pain during the procedure, 93.5% would recommend the clinic to a friend.

Following on from the audit, a new sign directing patients to the clinic has been installed. Seven new hysteroscopes have been ordered with the aim of reducing waiting times. Changes to the waiting room are planned.

In conclusion, patients reported high levels of satisfaction with their experience of UHK's OHC. A re-audit will be carried out in the near future to quantify the improvements in the service.

PMS WITH A DIFFERENCE: PREMENSTRUAL PAROTID SWELLING IN A 14 YEAR OLD

POSTER

Sarah Nicholson, Geraldine Connolly

Rotunda Hospital, Dublin, Ireland

A 14yo girl was referred to the paediatric gynaecology clinic complaining of bilateral parotid swelling, which her mother noticed would occur in the week before menstruation. She had a background history of premature delivery, mild learning difficulties, autism and ADHD.

She first developed bilateral parotid swelling in December 2016, followed by menarche in February 2017, and since then has had monthly occurrence of swelling in the week prior to menstruation. This is quite marked and resulted in difficulty swallowing and chewing.

She had been investigated extensively in her local hospital under the paediatric services. All testing including numerous bloods, and ultrasound of parotids, thyroid and lymph nodes came back as consistently normal.

On review of the literature, it was found that the causes of bilateral parotid swelling are many, including mumps, Sjögren disease, Sarcoidosis, bacterial and inflammatory causes. There are no case reports or literature available via pubmed describing premenstrual parotitis. However, Shafer's textbook of oral pathology includes a short description of bilateral parotid swelling described by Racine in 1939 that was premenstrual in nature. This was dubbed Racine syndrome.

She was started on a trial of the the COCP to help alleviate symptoms. She will be followed up in the paediatric gynaecology clinic and allergy clinic.

MINOR BLOOD TRANSFUSION IN THE POSTNATAL PERIOD- HOW ARE WE DOING?

POSTER

Sabina Tabirca, Claire McCarthy, Mairead O'Riordan

Cork University Maternity Hospital, Cork, Ireland

Obstetric haemorrhage is a major cause of maternal morbidity and mortality. The frequency of minor blood transfusions are less frequently examined, despite having the same risks of major blood transfusion.

We aimed to examine minor transfusion in our hospital over a one-year period.

All transfusion of one and two units of red cell concentrate in 2017 were reviewed. Patient demographics, decision to transfuse and rationale were explored by reviewing case notes in electronic patient charts.

During the study period, 195 women received a minor blood transfusion, and 7224 women were delivered. The mean age was 32.8 years (range 19.8-50.3 years). Indications for transfusion included post-partum haemorrhage (n=83; 42.5%), postnatal anaemia (n=91; 46.6%) and pre-viable pregnancy loss (16; 8.2%). Mean pre-transfusion haemoglobin was 7.7 (range 5.6-14.2)g/dL and the post transfusion HB was 9.3 (6.9-12.5)g/dL. 59% (n=116) were symptomatic of anaemia. Unsurprisingly, those who had a Caesarean Section were more likely to require a transfusion (p=0.0013. Consultants and Registrars made the decision to transfuse in 68.2% (n=133)

In 2017, the rate of minor blood transfusion was 2.7%, and more common in those delivered by caesarean section. The decision to transfuse was made by a junior member of staff in over 30% of cases, and just over half of women were symptomatic. There was a low rate of intravenous iron administration, emphasising the need for education in the care of those with postnatal anaemia and discussion at a more senior level.

GRANULAR CELL TUMOR OF THE VULVA A CASE REPORT

POSTER

Nina Peters, Hassan Rajab, Nicholas Kruseman, Shayi Dezayi

Beaumont Hospital, Dublin, Ireland

Granular cell tumors (GCTs) are rare soft tissue neoplasms of nerve sheath origin most frequently occurring in the skin, submucosal and subcutaneous tissue of the head and neck. They are more common in women, those of Afro-Caribbean ethnicity and have the highest incidence in the fourth and fifth decades of life.

Vulvar involvement is rare, occurring in approximately 10 % of cases. GTCs generally present as small, firm, slow-growing and painless subcutaneous nodules. While most vulvar GTCs are benign, approximately 2% are highly aggressive and potentially fatal malignancies. The treatment of choice for all types of GCTs is wide, local excision.

We report the case of a 62-year-old postmenopausal woman who presented with a six-year history of a gradually increasing vulvar mass associated with nocturnal pruritus. Physical examination revealed a 5 cm, firm, non-tender and mobile mass in the left labia majora. The lesion was surgically excised and histopathology examination revealed a granular cell tumor without features of malignancy. As the excision biopsy showed positivity in its deep margins, further revision of margins was performed. At initial follow-up no evidence of local recurrence was evident, and imaging was unremarkable.

Although GCTs of the vulva are uncommon, they represent an important differential diagnosis in vulvar tumors. While they are mostly benign, GCTs have a propensity for local recurrence and a 1-3 % risk of malignant transformation. Therefore, it is crucial to raise awareness of its clinical presentation in order to provide appropriate management, counseling and follow-up.

THE IMPACT OF PREANALYTICAL HANDLING ON THE MATERNAL ORAL GLUCOSE TOLERANCE TEST OGTT

POSTER

Eimer O Malley[1], Ciara Reynolds[1], Anne Killalea[2], Ruth O'Kelly [2], Sharon Sheehan[2], Michael Turner

[1]UCD Centre for Human Reproduction , Dublin, Ireland, [2]Coombe Women and Infants University Hospital, Dublin, Ireland

Background

Prevalence rates for GDM vary widely nationally and internationally. Although these differences may be attributed to variations in ethnicity, advanced maternal age and obesity rates, variation may be attributable to preanalytical sample handling.

Aim

The aim of this prospective cohort study was to evaluate the influence of preanalytical handling when strict standards were applied during the 75-gram OGTT.

Methods

Participants were selectively screened for GDM with storage of samples in a 4-degree iced water slurry and transportation to the laboratory for centrifugation within 30mins. WHO diagnostic criteria were used.

Findings

Of the 182 women screened, 52.7% tested positive for GDM at a mean gestation of 27.6 weeks (SD 1.0). There was no difference in the prevalence of GDM with advancing gestation (range 25.0 – 31.3 weeks). GDM diagnosis was independent of mean time from phlebotomy-centrifugation (GDM negative - 17.8 minutes (SD 9.8) vs. GDM positive - 17.3 minutes (SD 9.9). Mean fasting glucose was independent over the time period adhered to within the study (range 2 – 42 minutes).

Conclusions

The rate of GDM was not influenced by gestation or the phlebotomy-centrifugation interval adhered to in this study. This supports women being screened earlier in pregnancy which means women with GDM would start treatment earlier and theoretically when interventions are more likely to improve clinical outcomes.

IMPLICATIONS OF STRICT LABORATORY STANDARDS FOR MATERNAL GLUCOSE MEASUREMENTS

POSTER

Eimer O Malley[1], Ciara Reynolds[1], Anne Killalea[2], Ruth O'Kelly [2], Sharon Sheehan[2], Michael Turner[1]

[1]UCD Centre for Human Reproduction, Dublin, Ireland, [2]Coombe Women and Infants University Hospital, Dublin, Ireland

Prevalence Background

Over the last decade, changes in international laboratory standards and in diagnostic criteria have led to a dramatic increase in the prevalence of Gestational Diabetes Mellitus (GDM).

Aim

We examined the implications for the maternity services if strict preanalytical handling of maternal glucose samples is implemented.

Methods

In a secondary analysis, we reviewed the computerised records of a cohort of women who tested positive for GDM following strict preanalytical handling of samples at the time of a 75g oral glucose tolerance test (OGTT) (on an iced-water slurry with prompt centrifugation).

Results

Of the 84 women, 80 attended for dietitian and lifestyle advice classes. Antenatally 41.7% were under the care of the diabetic team. A total of 72.6% were referred for at least one growth ultrasound in the third trimester while 25% had a HbA1c level and 16.6% had fructosamine levels measured at least once. The mean gestation at delivery was 39.2 weeks (SD 1.0) but 10 women delivered preterm (50% iatrogenic). Of the 84, 42.5% had labour induced and 73.7% of the inductions were for GDM +/- suspected macrosomia. The overall caesarean section rate for the cohort was 37.6%. The mean birth weight was 3377g (+/- 465g) with 6.7% weighing ≥4.0 kg. To date, 60.7% have attended for a postnatal OGTT with 27.4% meeting criteria for impaired fasting glucose and 2.0% for impaired glucose tolerance.

Conclusions

This study highlights that implementing stricter laboratory standards for GDM screening also leads to an increase in other investigations and an increase in obstetric interventions

WUNDERLICH'S SYNDROME: A SHOCKING TRIAD

POSTER

Daniel Kane, Mona Abdelrahman, Maeve Eogan

Rotunda Hospital, Dublin 1, Ireland

L.K., a 29yo G5 P4, collapsed at home at 17+3 weeks gestation following the sudden onset of severe left sided flank pain. She arrived by ambulance to Rotunda hospital in shock—she was pale and dizzy, apyrexial, with a BP of 77/38mmHg and HR of 95bpm. Examination revealed a soft abdomen with a tender left flank but no masses palpable or evidence of external or internal bleeding. An intrauterine viable pregnancy was confirmed. Initial tests revealed Hb 8.7g/dL, elevated WCC $20.4x10^{9}$, CRP 62 and lactate of 2.23. Urine dipstick showed +3 ketones. She responded to IV fluids and was commenced on IV antibiotics for treatment of suspected pyelonephritis.

However, her Hb dropped to 5.9g/dL prompting an ultrasound of her abdomen to be organised that revealed a 6x7cm complex mass arising from the left kidney suspicious for malignancy. An urgent urology review and MRI revealed a ruptured angiomyolipoma and haematoma formation. She required x2 RCC transfusions and renal artery embolisiation of the tumour due to risk of re-bleeding.

This is a unique case of Wunderlich's syndrome— non-traumatic renal haemorrhage into the subcapsular and perinephric space. This is a feared and fatal complication of renal angiomyolipomas, which are only 0.3% prevalent in the general population. Angiomyolipomas are hormone sensitive and therefore may increase in size during pregnancy and rupture

LK had an uneventful recovery, delivered at 39+3 weeks a healthy baby and is awaiting follow up with the urology team.

USING THE SEPSIS SCREENING FORM IN A METRNITY SETTING IMPROVING OUTCOMES OR JUST A PAPER EXERCISE

POSTER

Yvonne Young, Patricia Daly, Suzzane Jackman, Emma Reale, Cliodhna O'Sullivan, Bernadette Murphy, James Shannon, Soumya Mayigaigiah, Sucheta Johnson, Nuala O' Connor

UL group of Hospitals, Limerick, Ireland

Sepsis has been identified as a direct leading cause of maternal mortality as per Centre for Maternal & Child Enquiries (CMACE 2011) publication (UK) and the latest Mothers and Babies: Reducing Risk through Audit and Confidential Enquiry publication (UK and Ireland) MBRRACE.

The Irish National Sepsis Programme developed and updated a Clinical Decision Support Tool (CDST), to facilitate recognition, diagnosis, and the early treatment of Maternal Sepsis. This form was piloted in participating maternity units including University Maternity Hospital Limerick (UMHL).

The updated Maternal sepsis form was implemented in UMHL by March 2018. We aimed to ascertain compliance with using the form, adherence to the recommendations and identification and labelling of cases as 'infection/sepsis' to enable HIPE coding was also noted.

HIPE was used to initially identify 258 women with a diagnosis of infection/sepsis. Retrospective analysis of medical records of a randomly selected 9 cases was carried out. One patient needing transfer to critical care unit from UMHL was also included in addition. Absolute compliance with the use of antimicrobials within 1 hour of diagnosis, performance of lactate levels and urinary output measurement was noted with 90% compliance with blood cultures and appropriate antimicrobial use. Good evidence of sepsis form usage and adherence to escalation protocol was concluded.

Ongoing staff education on use of the form with its full completion, adhering to the management algorithms and ongoing audit to generate cases for education and feedback is our aim making this form more than just a paper exercise.

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GROWING THE CULTURE OF SEPSIS AWARENESS IN THE UNIVERSITY MATERNITY HOSPITAL LIMERICK UMHL

POSTER

Yvonne Young[1], Patricia Daly[1], Mary Doyle[1], Suzzane Jackman[1], Emma Reale[2], Cliodhna O'Sullivan[1], Bernadette Murphy[1], Soumaya Mayigaigiah[1], James Shannon[1], Sucheta Johnson[1], Nuala O' Connor[1]

[1]UL Group of Hospitals, Limerick, Ireland, [2]UL Group of Hospitals, Limerick, Ireland

The 2011 'Saving Mothers Lives Report' suggesting healthcare professionals to go 'back to basics', commenced a structured journey in UMHL towards increasing sepsis awareness. Following the recommendation to educate women on the identification of infection, prevention of its transmission and 'when to see a doctor' a patient information leaflet was developed. Local sepsis and anti-microbial guidelines were developed with consultation from all key stakeholders. Education commenced and has been the backbone of the cultural change regarding sepsis awareness.

The development of the National IMEWS chart and subsequently the inclusion of Sepsis Six provided a framework for audit. Multidisciplinary Sepsis study days were conducted using case reviews.

In 2015 paradigm shift occurred with multidisciplinary delivery and attendance of PROMPT emergency skills and drills, sepsis trolley and blood culture kits introduction.

The National Sepsis Programme in 2016 provided the pathway and screening tool pilot for maternity sepsis. This provided the basis from which sepsis audit was undertaken alongside a framework for additional specific education reflecting the ever changing knowledge base on sepsis (sepsis 6 +1). Local sepsis team further contributed to cementing the cultural change.

Recent audit results demonstrate 100% compliance with some key areas of sepsis management e.g. administration of antimicrobials within one hour of diagnosis, assessment of urinary output. As we continue to '*grow the culture of sepsis awareness'* the conditions for maintaining success will incorporate sepsis education at induction for all staff, an annual schedule of sepsis education sessions and quarterly sepsis audits.

POSTPARTUM HAEMORRHAGE ARE WE AS PREPARED AS WE SHOULD BE

POSTER

Sophie Boyd, Mo Igbinosa, Orfhlaith O'Sullivan

Cork University Maternity Hospital, Cork, Ireland

Obstetric haemorrhage remains one of the major causes of maternal morbidity and mortality in Ireland. Postpartum haemorrhage (PPH) is defined as the loss of 500mL or more from the genital tract within twenty-four hours of birth[1].

The incidence of postpartum haemorrhage is rising[2]. NPEC reported 215 cases of major obstetric haemorrhage (>2500mL) in 2016 [3]. It is a leading cause of ICU admission and was associated with 59% of postpartum hysterectomies[3].

Early recognition and effective management of PPH is essential. Being able to rapidly access equipment and medications is as important as adequate training in the management of PPH.

-To audit how well stocked PPH emergency kits are in a busy maternity hospital.

-A checklist was devised using the equipment list attached to PPH emergency kits and clinical practice guidelines on the prevention and management of PPH[4].

The emergency room, theatre and recovery complex, labour ward and five wards in Cork University Maternity Hospital were visited and emergency PPH kits audited.

-In all locations the equipment and medications were in two separate boxes. In some location's equipment was available on a dedicated trolley. Medication boxes were refrigerated and available in all locations. There was no equipment box in the theatre and recovery complex or emergency room.

One location had 100% of the basic equipment required. The amount of equipment in the other locations ranged from 81-95%.

-Poor organisation of kits makes it more difficult to check stock. Clearly laid out standardised equipment is more user friendly in emergency situations.

UPPING THE ANTI? ROUTINE ANTI-D PROPHYLAXIS COMPLIANCE IN A GENERAL HOSPITAL

POSTER

Sara Mohan, Asish Das

Wexford General Hospital, Wexford, Ireland

Introduction

Routine antenatal anti-D prophylaxis and postnatal prophylaxis to rhesus negative mothers of rhesus positive babies is recommended as per RCPI guidelines.

Purpose

To assess current mode of recording and administering antenatal and postnatal prophylactic anti-D administration to patients in Wexford General Hospital.

Method

The current method of recording anti-D is in a book on the maternity ward which is checked by the midwives daily. These were checked against the registry of deliveries which is kept by the medical secretary on the maternity ward.

Findings

There were 140 deliveries in May, including 1 set of twins and 1 intrauterine death. There were 26 RhD negative, of these 16 required postnatal anti-D prophylaxis. In May there were 2 patients not recorded for checking in the anti-D book

There were 114 deliveries in June, including 1 set of twins. In June there were 20 RhD negative, of which 1 had anti-D antibodies, and 14 required anti-D. In June there was 1 patient not recorded for checking in the anti-D book.

Conclusions

There is no routine antenatal anti-D prophylaxis.

Postnatal prophylaxis, while there is a process in place, 3 of 254 patients were not adequately checked for need of anti-D postnatal prophylaxis. By introducing antenatal prophylaxis this could reduce the potential harm to patients that were missed postnatally.

AN AUDIT OF EXTERNAL CEPHALIC VERSION UPTAKE IN A TERTIARY REFERRAL HOSPITAL

POSTER

Bernard Kennedy, Aoife Mullally

Coombe Women's and Infants University Hospital, Dublin, Ireland

Routine Background

External cephalic version(ECV) is an established and safe therapy, and is attempted to turn babies to a cephalic presentation before term gestation.

Purpose

The aim of this audit was to assess current hospital practice regarding antenatal counselling of ECV and it's documentation.

Methods

Retrospective chart review, auditing patients who underwent breech Caesarian Section(CS) from 1/5/18 to 31/7/18. Antenatal clinical notes were examined for documented discussion of EVC, it's risks/benefits.

Findings

86 breech CS performed in this period; 73 elective and 13 emergency.

85 charts were reviewed, one chart missing.

ECV counselling was documented in 33 cases(39%).

19/33 mothers declined ECV following consultation (57.5%).

2 women's ECV could not be facilitated. One case was deemed unsuitable following scan.

11 (13%) of this cohort had ECV performed, but ultimately required CS. There were no emergency CS directly following ECV.

ECV discussion was first documented from 32+4 – 40+5 week gestation, ECV was attempted between 36+4 - 38+4 weeks.

There was noted contraindication to ECV in 33 (63%) of cases where ECV was not discussed, 4 cases were diagnosed as breech in labour or post-dates, and one case was complicated by IUGR.

Where ECV was not discussed; 16 (31%) had no contraindication to the procedure.

Conclusion

Current practice guidelines advise that ECV be discussed in all suitable cases of breech presentation, the authors acknowledge that ECV may have been discussed in many of these cases, but without documentation, this cannot be proven.

CASE REPORT AN UNUSUAL CAUSE OF CHRONIC NAUSEA IN PREGNANCY

POSTER

Bernard Kennedy, Aoife Mullally

Midlands Regional Hospital, Portlaoise, Ireland

Background

Cannabinoid hyperemesis syndrome (CHS) was first reported in 2004, common findings include nausea, vomiting, and abdominal pain following chronic cannabis usage, with temporary symptomatic relief by taking a hot shower or bathing. Management practice is based on promoting abstinence, and rehydration.

Purpose

The aim of presenting this case report is to educate doctors regarding a possible presentation of this newly-emerging condition.

Case

CM was a 38 year old para 1 (emergency Caesarean-Section) who presented to hospital at 7+1 weeks gestation with severe nausea, vomiting and dehydration.

She was initially managed as hyperemesis gravidarum.

CM reported chronically smoking cannabis. Serial urinary toxicology screens were positive for cannaboids.

During her antenatal course, CM presented to the Maternity Assessment Unit 34 times, and was admitted for 76 days, always for the management of nausea and vomiting.

When an inpatient, she compulsively drank copious volumes of water, and she was compelled to shower or bathe, to relieve her symptoms.

Her working diagnosis was soon revised to CHS.

Apart from the development of diet controlled Gestational Diabetes, she had an otherwise uncomplicated pregnancy.

An elective Caesarean Section and bilateral tubal ligation was performed at 36+5 weeks gestation. A male infant was delivered in good condition, weighing 2748g. He initially had an uncomplicated postnatal course.

Her symptoms of nausea and vomiting completely resolved following the delivery, despite continued cannabis usage.

Conclusion

This appears to be the first Irish case of maternal CHS documented, and atypically a case that appears to have been precipitated by pregnancy.

CASE REPORT AN UNEXPECTED CAUSE OF ACUTE ABDOMINAL PAIN IN AN 11 YEAR OLD GIRL

POSTER

Bernard Kennedy, Marie Rochford, Mirriam Doyle

Midlands Regional Hospital, Portlaoise, Ireland

Background

Imperforate hymen is likely the most frequent obstructive anomaly of the female genital tract, although there is scant data regarding it's prevalence. The classical presentation is of an adolescent girl with cyclical abdominal pain, and reporting no onset of periods. The mass effect of collecting blood can result in altered bowel habits, or urinary retention.

Purpose

This case report aims to highlight an unusual presentation of this condition in order to educate doctors and improve medical care provision.

Case

Patient AOB was an 11 year old girl who presented to A&E of our hospital with RIF and Suprapubic pain of 7 days duration. She described the pain as crampy in nature. She suffered no nausea, or vomiting. She denied urinary symptoms such as pain or difficulty passing urine, and had no bowel symptoms like constipation or tenesmus.

She reported similar symptoms occurring in the past, but self resolving over the course of a few days. All ER investigations were normal, and she was initially admitted as a case of possible Mesenteric adenitis. Initial US abdomen/pelvis poorly visualised the pelvic organs, and MRI was arranged, which showed a 17 x 7 cms mass suspicious for haematometrium. VE then showed imperforate hymen. 300Ml of haemolysed blood was drained in theatre following cruciate incision through the hymen, and patient made a complete recovery.

Conclusion

This case provides an excellent learning opportunity to never outrule imperforate hymen as a cause for lower abdominal pain in a peri-pubertal girl.

BACK TO BASICS!

POSTER

Jasmeet Kumari, Sucheta Johnson

University Maternity Hospital Limerick, Ireland

Optimal use of available resources forms a vital part of clinical management. Improper referrals negatively impact hospital resources, patients and staff. We aimed to see if antenatal patients with previous excisional cervical treatment were being appropriately referred for cervical length scans.

We present a completed audit cycle; the first audit was carried out from 01/09/2016 till 31/12/2016 and the re-audit was conducted from 1/1/18 till 30/06/18 with 13 patients in each arm. Patients were identified using viewpoint. Compuscope data and retrospective review of Antenatal charts led to information retrieval.
The Inclusion criteria was patients with previous history of Large Loop Excision of Transformation Zone (LLETZ), who booked in University Maternity Hospital Limerick. Patients with cervical treatment in any other hospital were excluded.

In the first audit, among referral patients only 23% had a LLETZ, 30.7 % had cold coagulation ,46 % had a biopsy and 7.6 % had only colposcopy done.

Data was presented at local teaching session to NCHDs, midwifery staff and at outpatient clinics. Cross checking of cervical treatment history from colposcopy unit to ensure appropriate referral was emphasized. Re-audit revealed doubling of appropriate referrals (46 percent). This reflects a positive response but with definite room for improvement.

Correct history taking and confirming the facts form a crucial part of booking visit. Simple intervention of verifying history can lead to substantial cost saving in terms of hospital resources and circumvent patient's and staff's stress and anxiety

AN AUDIT ON THE APPROPRIATE USE OF ANTIMICROBIAL PRESCRIBING IN UMHL

POSTER

Rebecca Hunter, Tamara Kalisse, Mendinaro Imcha

University Maternity Hospital Limerick, Ireland

Antibiotic prescribing is part of the daily practice of any Doctor. With the rising incidence of MDRO, the misprescibing of antibiotics as well as the importance of prescribing the correct and safest antibiotic in the intra/post-partum period, it was decided an audit of our prescribing practices in UMHL would be undertaken. We aimed to establish whether present antimicrobial prescribing in UMHL is compliant with best practice according to what is considered best practice by the UHL local guidelines.

Drug Kardexes of all inpatients in UMHL were reviewed over a two-week period. Data collected included information on:

- Medication
- Appropriate use of generic drug names
- Appropriate use of antimicrobial based on clinical indication
- Documentation of antimicrobial duration and/or stop date
- Documentation of prescribing clinician's signature and IMC number
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The findings of the 42 women on antimicrobials who were audited over the two week period are as follows;

- 40 of 42 [95.23%] of antimicrobials prescribed in this period were prescribed using generic names.
- 13 of 42 [31%] had an appropriate stop date documented.
- 31 of 42 [73.8%] compliance with the UHL Adult Antimicrobial Guidelines
- 40 of 42 [95.23%] of prescriptions were signed, 9 of these [21.42%] had both a signature and IMC number.
- 2 [4.8%] prescriptions had no signature.

UMHL is currently not 100% compliant with the local antimicrobial prescribing guidelines. To improve compliance, we recommend the above interventions. We then recommend a re-audit in 3 months to asses the degree of improvement.

INTERPLAY BETWEEN CA125 AND ADENOMYOSIS

POSTER

Kent Klemmer, Fionn Clarke, Laurentina Schaler, Geraldine Gaffney, John Morrison

University Maternity Galway University Hospital, Galway, Ireland

Case discussion and literature review on adenomyosis and grossly elevated Ca125. Two women aged 47 and 50 years old presented with the same dilemma: a history of menorrhagia, a elevated and rising Ca125, and a large bulky pelvic mass. Case 1 had a Ca125 of 930 and case 2 was 625.In both cases ultrasound imaging illustrated a bulky enlarged uterus's with heterogenic fibroids. Subsequent MRI's in both cases pointed to a diagnosis of adenomyosis. Ultimately, both of these women underwent total abdominal hysterectomies and the histology confirmed adenomyosis.

We wanted to examine the investigative approach taken in these cases, and consequently the need for hysterectomy.

The literature points to a positive correlation between adenomyosis and Ca125. Moreover, it was found that the greater the uterine size the greater the ca125 and it may even exceed 1000. Furthermore, MRI has a sensitivity of 78-88% and a specificity of 67-93%. Typically treatment options include hysterectomy or intra-uterine device; however, the literature remains inconclusive on the best treatment options. One needs to consider that malignant transformation of adenomyosis is very rare, and diagnostic laparoscopy may be used to evaluate other causes of the evaluated Ca125.

These cases illustrate the acceptance of a grossly elevated Ca125 is due to the disease of adenomyosis and thus the options for treatment does not necessitate a total abdominal hysterectomy.

STUDY ON FOETAL MACROSOMIA IN LETTERKENNY UNIVERSITY HOSPITAL

POSTER

Kent Klemmer, Elamin Daffala

Letterkenny Univeristy Hospital, Letterkenny, Ireland

Currently, there are no guidelines on foetal macrosomia in the absence of diabetes. The aim of the study was to analyse the obstetric and neonatal outcomes of babies delivered weighing equal to or more than 4.5 kg in Letterkenny University Hospital.

This was a retrospective observational cohort study of all macrosomic babies delivered in LUH over a 6 month period. There were 26 cases identified with the overall range of gestational weight being 4535 to 4905 g. Management of macrosomic babies are greatly influenced by concerns about increased obstetric interventions and complications. The incidence of emergency caesareans was 31.8%, 7 in 22. Within the 15 spontaneous deliveries the incidence of episiotomies was 25 %, incidence of shoulder dystocia was 8%, incidence of post partum haemorrhage was 16.7%, and the incidence of instrumental delivery was 30%. Combing all of the above complications it was found that 67% or 8 of 15, of the women who delivery per vagina developed a significant complication.

Caesarean delivery to reduce the risk associated with macrosomia may place the mother at risk and subsequent pregnancies are at higher risk. Identifying foetal macrosomia prior to delivery permits having an informed discussion with the

patient and enables individualised care in accordance with their wishes. All clinicians should be aware that identifying a 3800 g estimated foetal weight at 36 weeks should be considered foetal macrosomia; which allows proper discussion of timing and type of delivery with the mother.

A RETROPSECTIVE STUDY ON THE CHANCE OF ATTAINING A PERFECT BIRTH IN A MULTIPAROUS WOMAN

POSTER

Jt Cheah[1], L Bolger[1], R Sweeney[1], M Foley[2]

[1]Royal College of Surgeons in Ireland, Dublin, Ireland, [2]National Maternity Hospital, Dublin, Ireland

A mother's childbirth expectations play a notable role in the outcome of pregnancy and creates an immediate and lasting impact on the mother's health, well-being and outlook on future pregnancies. This study extends from a previous study conducted at the National Maternity Hospital to compare the chance of attaining a perfect birth between nulliparous and multiparous women, defined by pregnancy of a singleton, cephalic baby with spontaneous labour at term.

To determine and compare the chance of attaining a perfect birth in multiparous women and nulliparous women.

A retrospective study on data collected from all deliveries at the National Maternity Hospital from January 1st 2014 to December 31st 2015. An objective exclusion criterion is applied to determine the number of perfect births. 4.7% of multiparous women with a previous caesarean section and 5.9% of multiparous women without a previous caesarean section had a perfect birth. Multiparous women have a higher chance of a perfect birth compared to nulliparous women (5.9% vs 0.8%). Artificial rupture of membranes has the highest impact on the outcome and an adverse Apgar score has the least, which is the same for nulliparous women. Multiparous women have a greater chance of attaining a perfect birth than nulliparous women. This is encouraging for mothers expecting their second pregnancy. This is an objective method of quantifying a perfect birth but cannot replace the subjective and highly unique experience from the mother. This highlights the potential need to reconsider the criteria's that define a perfect birth

AUDIT OF PERTUSSIS AND INFLUENZA VACCINE UPTAKE AT THE COOMBE WOMEN AND INFANTS UNIVERSITY HOSPITAL

POSTER

Gary Faughnan, Gillian Corbett, Laurentina Schaler

Coombe Women and Infant's University Hospital, Dublin, Ireland

The Pertussis and Influenza vaccine are currently recommended and financed by the HSE for all parturients in Ireland. The administration of the Pertussis vaccine is recommended between 16-36 weeks gestation in order for the fetus to receive passive immunity. Pertussis is a highly infectious bacteria which can cause serious morbidities in young infants with a mortality rate of up to 4% reported in developing countries. The Influenza vaccine is an inactive vaccination and can be safely given at any stage in pregnancy. Influenza can cause serious complications in pregnant women due to physiological changes during pregnancy.

The aim of this audit is to ascertain the uptake of both Pertussis and Influenza vaccination in patients who delivered at the Coombe Women and Infant's University Hospital and to assess compliance with HSE National Guidelines.

Data was collected using a standard pro-forma with no identifiable patient data over a one month period. A cohort of 102 women on the post-natal ward were asked to complete the pro-forma.

The uptake of the Pertussis vaccine was 56%. The majority of those vaccinated were vaccinated in the third trimester, 70%. Of those who did not receive the vaccine 33% declined due to lack of knowledge. The uptake of the Influenza vaccine was 47%. The majority were vaccinated in the second trimester, 52%. Of those who did not receive the vaccine 31% cited a lack of information and 26% were concerned regarding side effects. Compliance rates for both pertussis and influenza vaccine must be improved on.

THE BENIGN OVARIAN DERMOID CYST, NOT SO BENIGN AFTER ALL- AN UNUSUAL CASE OF ENCEPHALITIS AND ASSOCIATED MATURE OVARIAN TERATOMA

POSTER

Nikita Deegan, Sarah Petch, Fiona O'Toole, Bevin Arthurs, Gunther Von Bunau

Tallaght University Hospital, Dublin 24, Ireland

Teratomas are the most common tumors of the ovary in young women. 95% are benign, their commonest form is a dermoid cyst of the ovary. They may be complicated by torsion, rupture and malignant change and rarely by autoimmune hemolytic anemia, immune mediated inflammation of the brain(encephalitis) and thyroid disease.

Anti–*N*-methyl-D-aspartate receptor(NMDAR) encephalitis has been well described in young women with ovarian teratoma. The classic presentation is subacute encephalopathy with mood disturbances, psychosis, seizures, memory deficit and movement disorders. We present a rare case of non–*NMDAR* antibody encephalitis with associated benign ovarian teratoma.

A 24 year old female presented with 2 month history of absence seizures and headaches. Collateral history noted behavioral change and difficulty with short term memory. CT/MRI brain, EEG, bloods and Lumbar puncture were performed. CSF pattern was consistent with immune mediated encephalitis. CSF and serum were tested for anti-NMDAR and associated antibodies. CT abdomen/pelvis was performed to search for underlying causes of immune-mediated encephalitis. IV steroid and antiepileptic treatment commenced. CT revealed a 4cm right dermoid cyst and ovarian cystectomy performed. Histology returned as benign mature cystic teratoma. Serum and CSF anti-NMDAR and associated antibodies were negative.

It is likely this disorder was mediated by non-NMDAR antibody autoimmunity triggered by ovarian teratoma.

This case highlights that teratomas are not always isolated disease entities. A high index of suspicion is required when young females present with new onset neurological/psychiatric symptoms. Excision should be considered irrespective of the anti-NMDAR antibody results.

OVHIRA SYNDROME- AN UNUSUAL VARIANT IN AN INFANT

POSTER

Nikita Deegan[1,2], Geraldine Connolly[1,3]

[1]Temple Street Childrens University Hospital, Dublin, Ireland, [2]Rotunda hospital, Dublin, Ireland, [3]Rotunda hospital, Dublin, Ireland

Obstructed hemivagina and ipsilateral renal anomaly (OHVIRA) syndrome is a rare Mullerian duct anomaly. The classical description is that of a uterus didelphys, unilateral obstructed hemivagina caused by a longitudinal sagittal vaginal septum and ipsilateral renal *agenesis*. The new classification includes dysplastic kidneys, pelvic kidneys, or ectopic ureters.

We report a rare case of OHVIRA syndrome with a single normal uterus, obstructed hemi-vagina with a longitudinal *coronal* vaginal septum and unilateral dysplastic kidney. Antenatal ultrasound scan revealed a suspected hydrocolpos and dysplastic kidney. The patient was reviewed at five weeks old. She was thriving, but had a small vaginal bulge on examination. Repeat ultrasound revealed a single uterus, a normal right kidney and dysplastic left kidney, and small hydrocolpos and this was managed conservatively.

At twelve months of age mum reported copious grey non-odorous discharge into the patient's nappy, however on clinical examination a large mass was palpable to the umbilicus. Repeat ultrasound suggested a persistent large hydrocolpos (10 x 6 x 4 cm).

Examination under anaesthesia was performed. There was an elongated vagina with no cervix palpable at the superior aspect. A bulging septum in the coronal plane was noted and a punctum identified just inferior to the urethral orifice. This was opened draining 300mls of fluid. A single cervix was located in this obstructed anterior hemi- vagina.

Clinical and sonographic review at six weeks post-operative confirmed a single uterus, unilateral dysplastic kidney and no recurrence of hydrocolpos or discharge and the infant was thriving.

LUMPS AND BUMPS A RARE GRANULAR CELL TUMOUR OF THE MONS PUBIS

POSTER

Kate Glennon[1], Cliona Murphy[2]

[1]Coombe Hospital Dublin, Dublin, Ireland, [2]Coombe Hospital, Dublin, Ireland

Granular cell tumours are rare neoplasm's of neural sheath origin, which rarely involve the pelvic region. We report the case of a 43 year old, who presented with a increasing mass on the mons pubis for a two year duration. On examination, a mass approximately 2-3 cm in diameter was present. Initial suspicion was high for a sebaceous cyst. A subsequent ultrasound confirmed this as a likely diagnosis.

She proceeded for excision under general anaesthetic. However on excision, the mass was hard immobile and irregular. It proved difficult to extract due to the infiltrating nature of the lesion. Histological analysis demonstrated sheets and clusters of infiltrating tumour cells with morphologic features consistent with granular cell tumour

She proceeded to MRI pelvis and PET scan, to assess the extent of the tumour. Although granular cell tumours of the female pelvis are rare and mostly benign, they have a tendency for local recurrence. Recurrence rates are 2-8% with clear margins and 20% with positive margins. Once diagnosed with a granular cell tumour, the patient must be counselled regarding the need for regular follow up.

A SWEET DIAGNOSIS UNDIAGNOSED TYPE I DIABETES PRESENTING WITH ANTENATAL DKA

POSTER

Peter Corry, Sarah McDonnell, Miriam Doyle

Midland Regional Hospital, Portlaoise, Ireland

Case Report concerning a patient who presented to the maternity assessment unit @ 32+0 weeks gestation. She was a 29yo P3 with an uncomplicated antenatal history to date. Her presenting complaint was a persistent right-sided headache, unresponsive to analgesia and worse on movement. Her BMI was 28.5kg/m2 and she was a smoker.

Examination revealed no signs of meningism. She was vitally stable with a mild tachycardia of 105bpm. ECG showed NSR. Urine dipstick showed ketones 4+ and glucose 2+. A VBG revealed a compensated metabolic acidosis. Routine bloods were unremarkable apart from a glucose of 16 and ketones of 3.1.

She was treated for DKA as per protocol including iv insulin infusion. Once stabilised, she was subsequently switched to a basal bolus regime and transferred to a centre of excellence for further care. Anti-GAD antibodies were subsequently found to be positive revealing a new diagnosis of Type 1 Diabetes.

As this patient had a BMI of 28.5 and no risk factor for GDM, she was not routinely sent for GTT testing at 28 weeks. A retrospective chart review, however revealed trace glucose in her urine at 14^{+2} weeks and glucose 1+ at 28^{+5} weeks.

For many healthy women, pregnancy may be the only time they present to the health services. Therefore, obtetricians need to be vigilant regarding conditions which fall outside the remit of common obstetrics. It may also be prudent to perform glucose tolerance testing if persistent glycosuria is found in the antenatal period.

PREGNANCY COMPLICATED BY DIABETIC KETOACIDOSIS A CASE REPORT

POSTER

Lavanya Shailendranath, Miriam Doyle

Midland Regional Hospital Portlaoise, Portlaoise, Ireland

Diabetic ketoacidosis in pregnancy is a serious complication that poses several challenges with respect to diagnosis, management and prevention.

A case of pregnancy complicated by diabetic ketoacidosis is reported

A 29-year-old Romanian by ethnicity residing in Ireland for 3 years. She had no significant medical, family, obstetric or surgical history. This was her 4th pregnancy with 3 previous vaginal deliveries. She had routine antenatal care until 32 weeks, wherein she presented with a severe headache. urine dipstick showed 3+ketones, blood ketones-3.1. blood glucose -22mmol, serum bicarbonate 15.6 mmol/l giving a clinical diagnosis of diabetic ketoacidosis with no previous background of gestational diabetes. This medical emergency was managed in the critical care unit with clinical input from the multidisciplinary team including an obstetrician, endocrinologist, intensivist, until resolution of diabetic ketoacidosis which took an average time of 18hrs from admission. With regards to fetal monitoring she had an CTG which was reassuring suggestive of no acute impact of maternal condition on fetus, along with an obstetric scan with normal AFI, dopplers, fetal biometry >95%. As per local guidelines, her antenatal care was transferred to the tertiary centre for further management and monitoring of new-onset diabetes in pregnancy requiring regular doses of insulin to maintain her glycaemic control. However, she presented to our unit at 38+2 weeks in labour, delivered a baby boy weighing 4620gms. Postnatally discharged home with education on self-care, the importance of lifestyle modifications, emphasis on regular insulin medication and glycaemic control advice on future contraception and antenatal care

AUDIT OF ANTENATAL SYPHILLIS SCREENING SINCE 2010 IN THE NATIONAL MATERNITY HOSPITAL NMH IRELAND INCIDENCE DEMOGRAPHICS MANAGEMENT AND OUTCOMES

POSTER

Molly Walsh[1], Siobhan Moran [2], Caroline Brophy [2]

[1]UCD, Dublin, Ireland, [2]UCD, Dublin, Ireland

Background

Congenital syphilis infection caused by spirochete Treponema Pallidum remains a significant cause of perinatal morbidity and mortality. Untreated maternal infection leads to adverse pregnancy outcomes including fetal loss, still birth, prematurity, low birth weight, neonatal and infant death and congenital disease in the newborn. All women in Ireland are offered antenatal syphilis screening, in addition to other sexually transmitted diseases, at their first booking visit. With rising rates of immigration and our ever-diversifying population, rates of maternal syphillis are on the rise at NMH.

Purpose

To audit the demographics, management & outcomes of women attending the NMH with syphillis.

Study Design- Chart review

Together with the CMM 2 in outpatients we obtained a list of the patients who attended the NMH with syphillis since 2010. With supporting documentation from the GUIDE clinic in St. James' Hospital, we were able to assess their treatment, response to same and subsequent outcomes.

Findings

76 patients with Syphilis attended the NMH since 2010. We analysed the charts under headings of: age, nationality, parity, new/established diagnosis, treatment, treatment outcomes, number of outpatient clinic visits, findings on USS, mode of delivery, post natal course and immediate neonatal outcomes.

Conclusions

Maternal syphillis is seen with increasing frequency in the NMH over the past eight years, attributed in part to our ever-diversifying population. Early detection & management has a pivotal role to play in reducing neonatal morbidity & mortality in this area.

THE COMPLETE SEPTATE UTERUS: A REVIEW OF THE DIAGNOSIS AND MANAGEMENT OF FOUR WOMEN

POSTER

Aine Mc Nally[1], Fiona Reidy[1,2], Lucia Hartigan[1,2], Fiona Martyn[2,1], Mary Wingfield[2,1]

[1]National Maternity Hospital , Dublin, Ireland, [2]Merrion Fertility Clinic, Dublin, Ireland

A septate uterus is the most commonly identified congenital malformation of the uterus[1]. It is the one most likely to be associated with adverse pregnancy outcomes such as recurrent miscarriage, preterm delivery and fetal malpresentation[2]. A number of modalities are utilised in diagnosis of a septate uterus, including ultrasonography, hysterosalpingography, outpatient hysteroscopy and MRI.

The decision to undergo surgical correction is usually based on poor reproductive performance[3]. However, the decision to operate on a complete septate uterus that includes the cervix, that has been incidentally found, must be discussed fully with the patient. The preferred method of correction is hysteroscopic resection of the septum.

We looked at the cases of 4 women with complete septate uteri. All 4 women underwent out-patient hysteroscopy and MRI following an ultrasound suggestive of a septate uterus. 2 of these women underwent hysteroscopic resection and went on to conceive, one spontaneously and the other with the assistance of ICSI. 1 woman became pregnant spontaneously awaiting surgery and 1 declined any further intervention. The 2 women who underwent resection went on to deliver healthy infants, one an emergency LSCS at 36 weeks for PPROM and breech presentation, and the other an elective LSCS at 39 weeks for breech presentation. The lady who became pregnant while awaiting surgery is currently 29 weeks gestation and is attending the preterm surveillance clinic every 2 weeks.

These 4 cases of complete septate uteri exemplify the varying management options and outcomes that can be associated with congenital uterine abnormalities.

TRIAL OF INDUCTION OF LABOUR AFTER THREE PREVIOUS CAESAREAN SECTIONS FOR INTRA UTERINE FETAL DEATH A CASE REPORT

POSTER

Emily O Connor, Claire McCarthy, Noirín Russell

Cork University Maternity Hospital, Cork, Ireland

The management of intrauterine fetal death (IUFD) in women with multiple previous caesarean section (CS) delivery represents a significant challenge, with a lack of published data on safety and technique.

We present a case report of induction of labour and vaginal delivery following the diagnosis of IUFD in the third trimester of pregnancy in a patient with three previous CS.

A 32 year old woman was referred from a peripheral unit in her fourth pregnancy following 3 previous CS, with a diagnosis of IUFD at 29 weeks' gestation. Her medical background was also significant for a history of restrictive cardiomyopathy with a preserved ejection fraction, and phenylketonuria. The fetus was in a breech position with a fundal placenta. Following counselling and multi-disciplinary discussion, a plan was made for vaginal delivery.

Forty-eight hours following the administration of 200mg of mifepristone orally for cervical priming, 25mcg of misoprostol was administered vaginally every six hours. After the second dose of misoprostol, regular uterine contractions ensued with full effacement of the cervix. Approximately two hours later, a male fetus weighing 1320g was delivered cephalic. The third stage completed with standard active management. Blood loss was minimal and the woman made an unremarkable physical postpartum recovery.

There are several methods described to induce labour for preterm gestations in the case of IUFD with previous CS delivery, though much uncertainty exists. With rising CS rates nationally and internationally, it's possible that obstetricians will encounter this complex situation with increasing frequency in the future.

IF I DIDN'T KNOW THIS EXISTED I WOULDN'T CONCEIVE AGAIN: A 360 ASSESSMENT OF THE CLINICAL EFFECTIVENESS OF PYRIDOXINE DOXYLAMINE IN THE MANAGEMENT OF NAUSEA AND VOMITTING OF PREGNANCY

POSTER

K C O Doherty[1], S. Craven[1], S. Curran[1], L. Harrington[1], L. Murtagh[1], M. Higgins[1,]

[1]National Maternity Hospital, Dublin, Ireland, [2]UCD Perinatal Research Centre, Dublin, Ireland

Nausea and vomiting in pregnancy (NVP) is common, affecting nearly 70% of women in the first trimester. The antiemeticpyridoxine-doxylamine is the most extensively studied medication used for the treatment of NVP. The aim of this study was to assess the effectiveness of pyridoxine-doxylamine in the management of NVP from the context of women, midwives, dieticians, obstetricians and General Practitioners (GPs).

Mixed methods study. A questionnaire was administered to clinical staff asking their opinion on the medication and whether they would use it personally. Qualitative study comprised of semi-structured interviews of women who had been diagnosed with NVP and received the medication.

Questionnaires were completed by 83 obstetricians, 18 midwives, four dieticians and 27 GPs, with a 89% response rate overall. The vast majority (97.5%) responded that pyridoxine-doxylamine was a very effective medication for NVP. Ninety percent of obstetricians, 100% of midwives, 100% of dieticians would use the medication personally/advise a partner to use it for management of NVP. Seventeen (63%) of GPs prescribed the medication; the remainder wished to have further information. All but one patient found a significant benefit from the medication and would recommend it to others; the one patient where it was not effective required naso-gastric feeding for management of NVP. Women described the medication use in the following ways: *"I feel human again', 'I can function much better', 'It was amazing' 'Stopped me from being admitted to hospital, I can have a normal life'.*

Pyridoxine-doxyalamine is an effective medication for management of NVP.

AUDIT OF INPATIENT MANAGEMENT OF SEVERE PREECLAMPSIA IN THE ROTUNDA HOSPITAL

POSTER

Catherine Rowland, Fergal Malone

Dublin, Rotunda Hospital, Dublin, Ireland

Severe preeclampsia (PET) is a leading cause of maternal and fetal morbidity and mortality worldwide. While there has been a significant decrease in maternal deaths from PET, substandard care is often a factor in cases where complications do arise. Appropriate management of women with PET is essential in order to further reduce morbidity and mortality from PET.

Our aim was to assess if inpatient management of severe PET met standards set out in Rotunda Hospital Guidelines.

A retrospective chart review was carried out. A total of 21 women admitted with severe PET over a 6 month period (Jan-July 2018) were included. Data was analyzed using Microsoft Excel.

Median gestation at delivery was 35 weeks and 3 days (range 27 to 40 weeks). 90% of women (n=19) were delivered by emergency caesarean section. 100% of women had PET bloods and urine PCR sent, and strict fluid balance recorded during admission. Antihypertensives were appropriately prescribed, and escalated if BP remained high, in all 21 women. Magnesium Sulphate was appropriately prescribed in all women in whom this was indicated, however deep tendon reflexes were not consistently checked during administration.
Overall, severe PET is being managed appropriately. Guidelines on antihypertensive use, fluid balance recording and admission PET bloods are being adhered to. Deep tendon reflexes are not being consistently recorded when magnesium sulphate is being administered. This is something that could be improved to prevent toxicity and potential maternal morbidity from this.

UTERINE BALLOON TAMPONADE TO TREAT MAJOR OBSTETRIC HAEMORRHAGE IN A TERTIARY REFERRAL HOSPITAL

POSTER

K C O Doherty, A.G. Morris, V. O'Dwyer

National Maternity Hospital, Dublin, Ireland

Major obstetric haemorrhage (MOH) is leading cause of severe maternal morbidity in the UK and Ireland. Uterine balloon tamponade is used for treatment of postpartum hemorrhage(PPH) caused by uterine atony where medical treatment was not successful.

An audit of cases of MOH from 2013-2018, in which Bakri uterine balloons were used for management. MOH was defined as blood loss ≥2.5L.

There were 23 women who had a uterine balloon for treatment of MOH. There were 4 twin pairs (17%). Three patients had a previous cesarean section (13%) and three had placenta praevia (13%).

The induction rate was 34% and cesarean section rate 52%. The mean birth weight was 3045g.

Mean blood loss was 3.3L. All patients had oxytocin bolus 5iu and 40iu infusion. Ergometrine was given in 56%, misoprostolin 78%, carboprost in 74% `and tranexamic acid in 60% of cases.

All patients required a blood transfusion with a mean value of 4.6 units of red cell concentrate. 17% of patients required platelets, 35 %required fresh frozen plasma and fibrinogen was given in 52%of cases.

Uterine balloon tamponade was successful in treating MOH in 78% of cases. One patient required a B-Lynch suture (4%) and one patient required uterine artery embolisation by interventional radiology (4%) in addition to balloon tamponade. There were three (13%) who required a hysterectomy, one of whom had placenta accreta on histology.

Major obstetric hemorrhage occurred in women with known risk factors. There was a high success rate of uterine balloon treatment.

COUNSELLING OF PATIENTS IN RELATION TO VBAC IN THE ANTENATAL CLINIC

POSTER

Ita Shanahan, Tamara Kalisse, Niamh Keating, Sam Coulter-Smith

Rotunda Hospital, Dublin, Ireland

Caesarean Section (CS) rates have been steadily increasing globally with a rate of 32% in currently in the Rotunda Hospital, a large tertiary referral centre. This confers increased financial burden, maternal morbidity and mortality risks and surgical risks. One of the driving factors for this rate is repeat elective CS. Women from Robson Group 1 should be counselled appropriately in future pregnancies. A standardised plan is necessary, especially in the antenatal clinic where patients can meet several different doctors. With this in mind, we audited compliance with local and national VBAC guidelines.

An audit tool was developed and 50 patients with 1 previous CS who booked in 2017 were randomly selected.

Those who had multiple births, IUD or unsuitable for VBAC were excluded. 100% compliance was expected.

The age range was 19-42 years, with a median of 34.5 years. BMI ranged from 20-43 with a median of 24. The median gestation at which the decision was 25 weeks. In this cohort, 58% were keen for a VBAC and 79% of these achieved same. All women had an assigned EDD and received a placental localisation scan before 32 weeks. Risks of uterine rupture and CS were well documented (58% and 69%) but morbidity associated with VBAC was only discussed in 12% of cases. 40% had documentation of willingness for TOLAC if SOL ensued.

In conclusion, VBAC counselling could be improved. VBAC success rates are in line with national guidelines. A written information leaflet has been developed to be included in counselling.

A COMPARISON OF DECISION TO DELIVERY INTERVAL IN CAESAREAN SECTIONS AT UMHL WITH RCOG RECOMMENDATIONS AND EFFECTS ON NEONATAL OUTCOMES

POSTER

Barbara Burke[1], Harmony Uwadiae[2], Khadijah Ismail[3], Mendinaro Imcha[3]

[1]CUMH, Cork, Ireland, [2]Royal Blackburn Hospital, Blackburn, United Kingdom, [3]UMHL, Limerick, Ireland

The Lucas Classification of urgency of caesarean section (CS) is now used in obstetric care in both the UK and Ireland. The RCOG recommends a maximum Decision to Delivery Interval (DDI) for fetal compromise of 30 minutes. This audit was conducted on all Category 1-3 CS conducted at UMHL between December 2017 and January 2018 (n=25). Data was obtained by reviewing all relevant patients' charts. Our aims were to determine UMHL's compliance with the 30 minute DDI recommendation, and to examine any impact the Lucas Classification and DDI may have on neonatal outcomes (APGAR scores at 1 and 5 minutes, and likelihood of admission to NICU). The results of this audit were also compared to a previous similar audit from 2016. The DDI for Category 1 CS had decreased from a mean of 31 minutes in 2016 to 18.4 minutes in this audit (P=0.06). Category 2 and 3 CS mean DDIs were not significantly changed from between audits. No significant relationship was found between either CS Category or prolonged DDI and neonatal outcomes (P>0.05). This has closed the audit loop for the 2016 audit, and has shown some improvement in DDI for Category 1 CS which is now below the RCOG recommended 30 minutes. However, future improvement in DDI for Category 2 and 3 CS could be sought.

BLOOD LOSS DOCUMENTATION IN CAESAREAN SECTION AT UMHL AND CORRELATION OF LOSS WITH HAEMOGLOBIN LEVELS

POSTER

Barbara Burke[1], Harmony Uwadiae[2], Khadijah Ismail[3], Mendinaro Imcha[3]

[1]CUMH, Cork, Ireland, [2]Royal Blackburn Hospital, Blackburn, United Kingdom, [3]UMHL, Limerick, Ireland

Major obstetric haemorrhage was the leading cause of maternal morbidity according to the Confidential Maternal Death Inquiry 2009-12, making the documentation of blood loss for all modes of delivery of critical importance. This audit examines, in particular, Caesarean Sections (CS) at UMHL from December 2017 to January 2018 (n=65). It sought to assess the documentation of blood loss in relation to CS and compare recorded blood loss to pre- and post-op haemoglobin (Hb) levels. Data was obtained by reviewing all relevant patients' charts. Measured Blood Loss was recorded for only 2 individuals in the study, and Estimated Blood Loss for a further 38. 24 individuals had only a Total Blood Loss recorded, with no documentation of whether this was measured or estimated. Hb was not rechecked post-op for 2 individuals, and checked late ($\geq$ 3 days post-op) in a further 10. Average pre-op Hb was 11.76, while average post-op Hb was 10.62. There was no correlation between Total Blood Loss during CS and subsequent drop in Hb ($r=0.17$, $p=0.19$). The variability in recording of blood loss in CS, and its seeming lack of relationship with post-op Hb drop, may indicate a need for better standardisation of record keeping and estimation practices. Missing data, including omitted/late post-op bloods for some patients is another area for possible improvement.

AUDIT OF VENOUS THROMBOEMBOLISM (VTE) PROPHYLAXIS USE IN A TERTIARY UNIVERSITY MATERNITY HOSPITAL.

POSTER

Samuel Hunter, Laura O'Byrne, John Higgins, Richard Greene

CUMH, Cork, Ireland

Venous thromboembolism remains the leading cause of direct maternal death in Ireland. Recent CMACE data shows from 2009-2015, thromboembolism accounted for 26%(n=5) of direct maternal deaths. The Irish guidelines recommend VTE risk should be assessed at every episode of hospitalisation, Low Molecular Weight Heparins are the agents of choice for VTE prophylaxis in pregnancy and all women should be assessed after delivery for the need for thromboprophylaxis.

The aim of this study was to audit VTE prophylaxis use as a snapshot across all inpatients in Cork University Maternity Hospital.

Over 24 hours, all inpatients in CUMH were reviewed. We collected data that included whether the patients had a VTE assessment completed within 6 hours of admission, whether they were wearing Graduated Compression Stockings, and whether the correct patients were receiving VTE Prophylaxis. By interview, we asked each patient their attitude towards stockings.

In total, 126 patients were reviewed. A VTE assessment was carried out in 31%(n=39) of patients within 6 hours. 51 patients were wearing stockings and 86%(n=44) of them didn't mind wearing stockings. Most patients (86%(n=44)) understood why we required them to wear stockings. Some 19%(n=24) of patients should have had VTE Prophylaxis, but didn't and 26%(n=23) of patients would have been identified as requiring VTE prophylaxis if they had undergone a VTE assessment.

To conclude, despite the existence of the national guidelines and use of the electronic chart, current VTE Prophylaxis compliance is poor. Education and training are necessary to improve our compliance.

A CASE REPORT OF PRIMARY BILIARY CIRRHOSIS IN PREGNANCY

POSTER

Corina Oprescu, Farhat Shireen, Chris King

Letterkenny University Hospital, Letterkenny, Ireland

Primary biliary cirrhosis (PBC) is a rare autoimmune disease most prevalent in middle aged women that leads to progressive cholestasis and end-stage liver disease. The clinical presentation and diagnostic work-up in a previously undiagnosed patient can prove difficult.

We describe the case of a 33 year old female, G5P2+2, with a history of an emergency Caesarean section at 32+2/40 for preeclampsia and a subsequent VBAC at 40+5, who presented to the antenatal clinic complaining of a one week history of pruritus. The usual blood tests for obstetric cholestasis were performed, which revealed borderline elevated LFTs, elevated GGT, elevated uric acid, thrombocytopenia, and elevated bile acids. Vital signs were within normal limits and urinalysis was clear. The patient was started on ursodeoxycholic acid, vitamin K, and chlorphenamine maleate and was advised admission to the wards due to the suspicion of an evolving HELLP syndrome or preeclamsia. Despite the fact that the patient remained clinically stable and asymptomatic, her blood tests continued to disimprove, with rising uric acid, rising bile acids, and falling platelets (which eventually remained stable and a presumptive diagnosis of gestational thrombocytopenia was made). Liver ultrasound and viral hepatitis screen were both negative. The autoimmune hepatitis screen was positive for antimitochondrial antibodies (AMA), a highly specific autoantibody for PBC.

PBC is a difficult and rare diagnosis during pregnancy. However, it is important to be thorough in investigating the source of deranged blood tests, as proper follow-up and early treatment is essential to slowing the progression of the disease.

THE DOCTORS TOUCH IT IS IMPORTANT TODAY AS IT WAS EVER BEFORE

POSTER

Farheen Aamir, Workineh Tadesse, Katharine Astbury

University Hospital Galway, Galway, Ireland

Over-reliance of clinicians on biochemical investigations and imaging technologies may foster a culture of unorthodox hands-off approach that may lead to incorrect diagnosis, causing a delay in timely implementation of appropriate treatment. Here, we present a case of a large ovarian cyst that was initially misdiagnosed as a coeliac disease to demonstrate the importance of a thorough clinical assessment.

A 51-year-old nulliparous presented initially to her family physician and subsequently to the emergency department of a local hospital with ongoing abdominal distention and discomfort. With a diagnosis of coeliac disease, she was advised to adhere to a coeliac diet. Despite the new diet, the abdominal distention persisted. After a three-month trial of the coeliac diet, her family physician requested a surgical review. A computer tomography arranged by the surgical team revealed a 36 cm cystic ovarian mass. She was then referred to our hospital and a laparotomy was performed to remove a 15.5 kg left ovarian mass with a full staging procedure. Histology confirmed borderline mucinous ovarian tumour.

It's well known that ovarian neoplasms present with non-specific symptoms and hence usually diagnosed very late. However, given the enormity of the ovarian cyst in our case, one would anticipate making the correct diagnosis at the initial visit if a proper abdominal examination had been performed. Although we do not claim that a thorough physical examination by itself is a substitute for diagnostic imaging, it still is as important in modern day medicine, as it was in the times of Hippocrates.

INTERPLAY BETWEEN CA125 AND ADENOMYOSIS

POSTER

Kent Klemmer, Fionn Clarke, Laurentina Schaler, Geraldine Gaffney, John Morrison

Galway University Hospital, Galway, Ireland

Case discussion and literature review on adenomyosis and grossly elevated Ca125. Two women aged 47 and 50 years old presented with the same dilemma: a history of menorrhagia, an elevated and rising Ca125, and a large bulky pelvic mass. Case 1 had a Ca125 of 930 and case 2 was 625.In both cases ultrasound imaging illustrated a bulky enlarged uterus's with heterogenic fibroids. Subsequent MRI's in both cases pointed to a diagnosis of adenomyosis. Ultimately, both of these women underwent total abdominal hysterectomies and the histology confirmed adenomyosis.

We wanted to examine the investigative approach taken in these cases, and consequently the need for hysterectomy.

The literature points to a positive correlation between adenomyosis and Ca125. Moreover, it was found that the greater the uterine size the greater the ca125 and it may even exceed 1000. Furthermore, MRI has a sensitivity of 78-88% and a specificity of 67-93%. Typically treatment options include hysterectomy or intra-uterine device; however, the literature remains inconclusive on the best treatment options. One needs to consider that malignant transformation of adenomyosis is very rare, and diagnostic laparoscopy may be used to evaluate other causes of the evaluated Ca125.

These cases illustrate the acceptance of a grossly elevated Ca125 is due to the disease of adenomyosis and thus the options for treatment does not necessitate a total abdominal hysterectomy.

STUDY ON FOETAL MACROSOMIA IN LETTERKENNY UNIVERSITY HOSPITAL

POSTER

Kent Klemmer, Mira Heimerich, Elamin Daffala

Letterkenny University Hospital, Letterkenny, Ireland

Currently, there are no guidelines on foetal macrosomia in the absence of diabetes. The aim of the study was to analyse the obstetric and neonatal outcomes of babies delivered weighing equal to or more than 4.5 kg in Letterkenny University Hospital (LUH).

This was a retrospective observational cohort study of all macrosomic babies delivered in LUH over a 6 month period. There were 26 cases identified with the overall range of gestational weight being 4535 to 4905 g.

Management of macrosomic babies are greatly influenced by concerns about increased obstetric interventions and complications. The incidence of emergency caesareans was 31.8%, 7 in 22. Within the 15 spontaneous deliveries the incidence of episiotomies was 25 %, incidence of shoulder dystocia was 8%, incidence of post partum haemorrhage was 16.7%, and the incidence of instrumental delivery was 30%. Combining all of the above complications it was found that 67% or 8 of 15, of the women who delivery per vagina developed a significant complication.

Caesarean delivery to reduce the risk associated with macrosomia may place the mother at risk and subsequent pregnancies are at higher risk. Identifying foetal macrosomia prior to delivery permits having an informed discussion with the patient and enables individualised care in accordance with their wishes. All clinicians should be aware that identifying a 3800 g estimated foetal weight at 36 weeks should be considered foetal macrosomia; which allows proper discussion of timing and type of delivery with the mother.

OVARIAN ECTOPIC A DELAYED DIAGNOSIS

POSTER

Yvonne O' Brien , Jenny Stokes, Ronan Gleeson

Department of Obstetrics and Gynaecology, Rotunda Hospital , Dublin , Ireland

Ectopic pregnancy is an important cause of maternal morbidity and mortality in early pregnancy. The incidence is rising worldwide and most are tubal in their location.

Ovarian ectopic is a rare variant of ectopic implantation and accounts for just 3% of all ectopic pregnancies (1). The incidence of ovarian ectopic following natural conception is between 1 in 2,000 and 1 in 60,000 deliveries (2).

The risk factors for ovarian ectopic are in line with those for tubal ectopic, however intrauterine devices appear to play a stronger role (3).

Ovarian ectopics are usually diagnosed at laparoscopy and confirmed on histopathology. Surgical management with ovarian wedge resection or cystectomy is most common. Methotrexate has also been a successful management option (1).

We present the case of a 35 year old P0+1 lady who was initially referred with persistently elevated HCG levels in the Early Pregnancy Unit (EPU) following a miscarriage. She had been suffering with mild lower abdominal pain, dysuria and urinary frequency aswell as constipation. Following an ERPC earlier in the year she was followed in the EPU and referred to Gynaecology. An incidental finding of a right-sided dermoid cyst had been previously noted at time of miscarriage. Transabdominal and transvaginal ultrasound revealed a solid right adnexal mass that was not suggestive of a dermoid. A laparoscopy was performed and a suspicious solid right ovarian tumour was removed. An oophorectomy was also performed. Histology confirmed a ruptured ovarian ectopic pregnancy six months on from the time of the ERPC.

ADDISON'S DISEASE, SYSTEMIC LUPUS ERYTHEMATOSUS (SLE) AND POSTURAL ORTHOSTATIC TACHYCARDIA SYNDROME (POTS) IN PREGNANCY: A RARE CASE REPORT AND RELATED LITERATURE REVIEW

POSTER

F Bhutta, Prof. Edward Aboud, M. Abdallah

Letterkenny University Hospital, Letterkenny, Ireland

Addison's disease has a prevalence of 40–60/million adults and is rare in pregnancy. Most cases are due to adrenal gland autoimmune destruction. It is characterized by hyponatraemia, hyperkalaemia and can lead to POTS. If treated adequately with hydrocortisone and fludrocortisone, no fetomternal risks are involved. Although autoimmune in origin, only rarely, it is associated with SLE.

We present a case-study of Addison's disease with SLE and POTS in pregnancy. We examined available literature and 15 such cases.

A 39 year old, para 3 lady diagnosed with POTS, SLE (positive AntiRo Ab) and Addison's disease embarked on pregnancy while on steroids and inderal. Endocrinologist, haematologist and nephrologist were involved in her care. She was commenced on low-dose-aspirin. Glucose-tolerance test, fetal anamoly and biometry scans remained normal. She was induced at 37+3 weeks. Intrapartum, she received IV hydrocortisone which was later tapered-off . She had a normal delivery of a female infant, 3kg at 37+5 weeks. After the delivery the baby had a brief cyanotic-spell and was admitted to NICU with first-degree heart-block. Later, she was referred to the cardiologist for the same.

This case-study highlights the significance of multidisciplinary approach in pregnancy-related complex cases. Addison's crisis was successfully averted by increasing steroids during labour and tapering them off postnatally. SLE-related complications, including, PIH/Pre-eclampsia, placental abruption, and DVT as evidenced in 6 cases did not occur. Due to predisposition of heart-blocks in AntiRo positive SLE cases (2-3%), the infant developed the same which will require cardiac surveillance.

CAESAREAN SCAR ECTOPIC PREGNANCY A RARE BUT POTENTIALLY FATAL TYPE OF ECTOPIC PREGNANCY

POSTER

Hifsa Sial[1], Sumaira Tariq[2], Tom O'Gorman[1]

[1]University Hospital Galway, Galway, Ireland, [2]Rotunda Hospital, Dublin, Ireland

Caesarean scar ectopic is the rarest form of ectopic pregnancy which is a life threatening abnormal implantation of embryo within myometrium and fibrous tissue of previous scar.

We report an interesting case of a 37 year old female P3+1 (1 prev. LSCS). Her first pregnancy was a SVD followed by a LSCS for breech presentation. She subsequently had a successful VBAC but postnatally became septic and on scan there was suspicions of caesarean section scar dehiscence.

She presented to hospital at 6 week gestation with painless vaginal bleeding. She had a scan in the EPAU which was suggestive of live scar ectopic / inevitable miscarriage. She was referred to tertiary hospital for a second opinion.

On presentation the patient was haemodynamically stable, initial investigations including BHCG were sent and EPAU scan arranged which was again suggestive of a caesarean scar ectopic. Further management options including medical versus surgical were discussed in detail and patient opted for the non-invasive approach ie Methotrexate.

Serial BHCG were performed and scan repeated in a week which showed the persistence of the gestational sac with yolk sac but absent fetal cardiac activity. An ERPC was carried out under ultrasound guidance. She was followed up with scans and serial BHCG which are indicative of resolution.

REAUDIT OF THE MANAGEMENT OF MINOR POSTPARTUM HAEMORRHAGE IN THE ROTUNDA HOSPITAL

POSTER

Jill Margaret Mitchell, Karen Flood

Rotunda Hospital, Dublin, Ireland

Postpartum haemorrhage (PPH) is the most common form of major obstetric haemorrhage, which is a major cause of severe maternal morbidity [1]. The objective of this audit is to to assess compliance to hospital guidelines when managing a postpartum haemorrhage and to compare this to management in 2012 as assessed in a previous audit by Larkin et al[2].

Retrospective chart review examining minor PPH cases in the Rotunda Hospital in June and August 2018 (*n*=85). The management of PPH was compared to the Rotunda Hospital guidelines and to a previous audit.

The PPH proforma was completed in 11.4% of cases. Uterine massage was documented in 62.9%. Two intravenous cannulas were sited in 40%. The perineum was inspected for trauma in 97.1%. The placenta was rechecked in 30.4%. Oxytocin was given in the third stage of labour in 82.9%. A repeat dose of oxytocin was administered in 54.3%. Oxytocin infusion was administered in 80%. Misoprostol was administered in 9.4%. A group and save was taken in 57.1%. A urinary catheter was inserted in 82.9%. Estimated blood loss was estimated in every case. Vital signs were documented in every case and were recorded within 15-minute intervals in 94.3%.

Compliance with hospital guidelines has increased since the original audit, however there still exists areas for continued improvement. Education should be provided to raise awareness of the PPH proforma among staff to assist documentation of management. This audit highlights the need for accurate and thorough documentation and staff should receive adequate education on this.

MANAGEMENT OF OPTIONS FOR FIRST TRIMESTER MISCARRIAGES IN SOUTH TIPPERARY GENERAL HOSPITAL (STGH) – ONE-YEAR REVIEW

POSTER

Emmanuel Hakem, Nahid Sultana, Vijayashree Hiremath

South Tipperary General Hospital, Clonmel, Ireland

Spontaneous miscarriage is a very common complication of pregnancy with incidence of almost 20% of all clinical pregnancies (approximately 14,000 miscarriage yearly in Ireland). It can be either managed expectantly, medically or surgically depending on the clinical situation and the patient's choice.

The aim of the audit is to assess the different management options used to manage first trimester miscarriage in our obstetrics and gynaecology unit in STGH between January 2017 – January 2018.

Retrospective audit between the period of Jan 2017 to Jan 2018 which included all pregnant patients < 13 weeks, who presented to STGH EPU with symptoms suggestive of miscarriage and miscarriage was diagnosed, total of 93 patients were included.

Surgical management by far was the most common management option chosen by patients (68%), followed by expectant management in 23% and only 9% chose to have medical management. Two-thirds (68%) of patients needed three EPU visits to establish the diagnosis of miscarriage.

Surgical management of first trimester miscarriage is the most common option chosen by patients, and this might influenced by the unavailability of an outpatient medical management service in STGH. This increases the cost for the health service along with higher risk to patient from surgery. Overall complication rate following an ERPC is 6%. Misoprostol is both cheap and highly effective prostaglandin analogue that is active orally or vaginally.

EVALUATION OF THE MANAGEMENT OF MAJOR PRIMARY POSTPARTUM HAEMORRHAGE IN OUR LADY OF LORDS HOSPITAL

POSTER

Amina Javaid, Anam Munir, Ream Langhe, Nor Azlia Abdul Wahab, Seosamh O Coigligh

Our Lady of Lourdes hospital, Drogheda, Ireland

Obstetric haemorrhage remains one of the direct causes of maternal death. It is estimated that about one quarter to one half of preventable maternal deaths are because of haemorrhage. Early transfusion of blood and blood products prevent from developing coagulopathy. Causes of post-partum haemorrhage (PPH) are commonly ascribed to the 'four Ts (tone,trauma,tissue thrombin). Uterine atony is responsible for 70% of cases.

The aim of this audit was to assess clinical practices used by Our lady of Lourdes Hospital (OLOH) in the management of major postpartum haemorrhage (PPH)

A retrospective audit of management of management of PPH over a period of 6 months from January to June 2018 was carried out. The audit standard was Postpartum Haemorrhage, Prevention and Management (Green-top Guideline No.52)**.** The following criteria were examined: history of previous PPH, causes of PPH, use of oxytocin in first stage for more than 6 hours, role of blood transfusion, presence of consultant.

A total of 52 patients diagnosed with major obstetric haemorrhage. Of the 52 patients, 1 had history of PPH, 17 cases were due to uterine atony. Oxytocin was used in 3 cases. 6 patients received blood transfusion. Consultant was present in 15 cases. Prophylactic oxytocin was used in all cases with majority receiving uterotonics.

This audit indicates that the management of women with major PPH in our Unit is consistent with the current clinical practice guidelines. However, a re-auditing needs to be carried out to ensure that the same level of good practice is maintained.

FULLY DILATED SECTIONS AN AUDIT OF STANDARDS

POSTER

Fiona O'Toole, Nick Kruseman, Seosamh O'Coigligh

Our Lady of Lourdes Hospital, Drogheda, Ireland

Consultant presence at fully dilated sections is recommended as best practice as these can be complex surgeries with higher rates of morbidity. In addition, consultant reassessment in theatre has been shown to help improve the operative vaginal delivery rate.

The purpose of this audit was to improve standards locally. A high rate of fully dilated caesarean sections was noted from the monthly stats meetings, in addition to a high rate of GA sections. Compliance of the hospital's policy of consultant presence at fully dilated sections was checked. Data was also collected on the neonatal outcomes, and operative complications. Documentation of debriefs done postnatally was also checked.

A retrospective chart review was conducted over a three month period to review the notes from the fully dilated sections during this time. A template was used to gather information and data relating to these cases from each chart. Data was then inserted into excel and analysed.

Twenty charts were reviewed. 40% were for failed instrumentals. 20% were GA sections. The vaginal examination was repeated in theatre in 65% cases. The consultant on call was contacted in every case. Compliance with consultant attendance was good but not perfect- 70% were present for the delivery. In the cases where no instrumental delivery was attempted (12/20), documentation of reasons for this could be improved. Only 60% had documented debriefs in the notes with very little patients having documentation of discussion re future delivery.

These results were presented locally at our yearly audit meeting

AN AUDIT OF WOMEN S PERCEPTIONS REGARDING ANTENATAL SCREENING FOR DOWNS SYNDROME AND THEIR UNDERSTANDING OF THE LIMITATIONS OF ANATOMY SCANS PERFORMED

POSTER

Breffini Anglim, Elizabeth Dunn

Wexford General Hospital, Wexford, Ireland

Background

Pregnancy is associated with great hope but may also include fear that something might go wrong. In most European countries prenatal screening for Down's syndrome is routinely offered.

Aims

The aim of this study was to assess women's perceptions of first trimester screening and diagnostic testing. We aimed to determine their understanding of the limitations of anatomy scans.

Methods

This was an anonymous questionnaire circulated to women at their booking visit at 18-20 weeks' gestation. Responses were analysed using an excel spreadsheet.

Results

A total of 59 women responded with a mean age of 30.7 (18-40) and mean parity of 0.9 (0-3). Three percent of pregnancies were IVF. A total of 88% of women said that they would have a screening test if available. Of these, 31% said that if their screening test was high risk for Down's Syndrome they would not have a further diagnostic test. Women thought that the 20-22 week anatomy scan would detect (median); Down Syndrome, heart abnormalities, spina bifida, cerebral palsy and autism in 50% (range 0-100%), 60% (range 30-100%), 70% (range 10-90%), 30% (range 0-90%)and 0% (range 0-90%) respectively.

Conclusion

This is a valuable study highlighting the mixed perceptions of women in the Irish maternity system in terms of both antenatal screening and diagnostic tests. The general understanding of the sensitivity of the anatomy scan was good, however surprisingly a median of 30% believed their anatomy scan would detect cerebral palsy. This highlights the need for further antenatal education.

THE VALUE OF EDUCATION IN INCREASING PARENTAL CONFIDENCE: THE BABY BOX PROGRAMME AT UNIVERSITY MATERNITY HOSPITAL LIMERICK

POSTER

Dr Sadhbh Lee, Dr. Nyan Chin Liew, Dr. Mendinaro Imcha

University Maternity Hospital, Limerick, Ireland

The tradition of baby boxes originated in Finland, where, along with educational initiatives, it has contributed to a reduction in infant mortality rate from 65 infant deaths per 1,000 births in 1938 to 2.26 per 1,000 births in 2015 (1). University Maternity Hospital Limerick is one of three Irish hospitals pioneering a free Baby Box programme.

185 women were included in this study over an 18 month period. Expectant mothers completed an online parenting course with The Baby Box Co., which involved an education session and subsequent MCQ exam. A certificate of completion was provided upon successfully passing the MCQ exam. Mothers had to show this certificate in order to receive their Baby Box after delivery. They later completed a survey about their experience of the programme.

97% of mothers surveyed felt more confident after completing the online education. 97% found the education useful, and 98% would recommend it to others. 51% of women used the box as the primary sleeping space, and 52% used it as a secondary sleeping space. 92% applied their learning to their child-care and self-care.

Based on these results, The Baby Box Co. programme greatly increases parental confidence. Whilst there was good uptake of the Baby Boxes as a sleeping space, the online education is a crucial component of the programme, and is an extremely useful resource for adding to parental confidence and autonomy.

1: Official Statistics of Finland: Causes of death [e-publication].
ISSN=1799-5078. 2010, 6. Infant mortality in 1936 to 2010. Helsinki: Statistics Finland

VAGINAL CANCER IN A 36 YEAR OLD BEWARE THE NORMAL SMEAR

POSTER

Fiona O Toole, Nikita Deegan, Sarah Petch, Bevin Arthurs, Cliona Murphy

Tallaght University Hospital, Dublin, Ireland

Vaginal carcinoma is rare accounting for approximately 2% of all gynaecological malignancies. Squamous cell carcinoma (SCC) is the commonest histological type and it is generally found in women >60 years of age. HPV is strongly associated with it. It occurs most frequently in the upper third of the vagina.

SB, a 36yo Polish lady P1, smoker of >10/day, was referred initially to colposcopy with a HSIL smear result in May 2015 and had a cervical biopsy confirming CIN 1. She missed her one year follow-up but was referred back to colposcopy in March 2017 following a LSIL result with HPV positivity. Biopsy again showed CIN 1. In May 2018 she had a negative smear with HPV persistence confirmed. She complained of postcoital bleeding and a watery vaginal discharge. Colposcopy was undertaken two months later and demonstrated a normal cervix but a mass at left upper posterior vaginal wall. Biopsy confirmed invasive moderately differentiated SCC involving the entire specimen.

MRI pelvis showed a lobulated 5x1x4cm mass within the left lateral aspect of the upper vagina. There appeared to be local invasion into the paravaginal fat. No definite invasion of rectum was seen and bladder appeared uninvolved. A 9mm left pelvic side wall lymph node and a 5mm left paravaginal lymph node were suspicious for disease involvement. Provisional staging would suggest a T2 N1 Mx, FIGO stage III vaginal carcinoma.

This young woman was referred to our gynae-oncology colleagues for chemoradiotherapy. The 5-year survival rate for stage 3 disease is 42.5%.

HYSTERECTOMY THE WHO THE WHY AND THE WHEN

POSTER

Kate Glennon[1], Cliona Murphy[2]

[1]Coombe Hospital, Dublin, Ireland, [2]Coombe Hospital, Dublin, Ireland

Hysterectomy is the one of the most common gynaecological procedures. It is performed on women for a variety of reasons and often after a number of alternative therapeutic options have been exhausted. As a major gynaecological operation, it has the potential for significant morbidity.

A review of our hysterectomies performed in a large Dublin hospital will guide our management of common presentations to the clinic and help give our patients robust and honest advice.

A retrospective analysis of hysterectomies performed in the Coombe Hospital between January and July of 2018 was analysed.

A total of 90 hysterectomies were performed during the study period. The average age was 51 and the average BMI was 28. Laparoscopic assisted vaginal hysterectomy was the most common method utilised during our study period. The most common reason was to alleviate menorrhagica and prolapse. Of those women who proceeded to hysterectomy for menorrhagia, the majority had failed medical management. A small number had an endometrial ablation. Histological analysis demonstrated a number of benign leiomyoma or CIN 1. A small number demonstrated complex hyperplasia. During our study period, there was one caesarean hysterectomy for an undiagnosed placenta accreta.

Hysterectomy is often the final option for women for the management of many gynaecological conditions. The results of this audit will help inform women of the management options available.

AN UNEXPECTED GUEST

POSTER

Thomas Mc Donagh, Kent Klemmer, Olu Ayodeji

UCHG, Galway, Ireland

A 22 year old presented to the A&E department at UCHG with a four day history of backache, dysuria and a feeling of having to open her bowels. She was unable to provide a urine sample at presentation. The bloods tests showed a raised White cell count (22.9), Neutrophilia (20.5), C-reactive protein of 18, with a normal renal and liver profile but a serum BHCG value of 7925.Her LMP was 17 weeks prior. She believed she was on her menses and was also complaining of green discharge. Examination revealed a fully dilated cervix with a foetal head at spines and an urgent departmental Ultrasound confirmed a viable singleton pregnancy. She delivered a healthy term baby in the labour ward shortly there afterwards.

Background: In a concealed pregnancy, the woman is aware of but does not tell professionals, or may hide the fact that she is not accessing antenatal care. In a denied pregnancy, the woman is unaware of or unable to accept the reality of the pregnancy. This presents a huge challenge and has dangers to both mum and baby respectively.

Conclusion: The above case highlights the unusual case of a concealed pregnancy, It is the authors opinion that she was completely unaware of the pregnancy up until the moment of delivery this has been reported in the literature to have an incidence of 1:7225.Obviously this presents a dilemma in diagnosis and can have serious consequences regarding lack of antenatal care.

OVARIAN TORSION TO OPEN OR NOT TO OPEN

POSTER

Bevin Arthurs, Nikita Deegan, Sarah Petch, Fiona O'Toole, Richard Deane

Tallaght University Hospital, Dublin, Ireland

Ovarian torsion is a gynaecological emergency that requires urgent operative intervention to prevent necrosis of ovarian tissue and oophorectomy. Its diagnosis cannot always be made using ultrasound and laparoscopy is the definitive diagnostic tool. It accounts for approximately 3% of gynaecological emergencies with an incidence of 9.9 per 100,000 in women of reproductive age.

We present a case series of 3 ovarian torsions within a 3-month period. All were young women of reproductive age presenting with acute severe localised lower abdominal pain with peritonitic signs. Transvaginal ultrasound scan pre-operatively was useful in demonstrating large ovarian cysts but did not demonstrate reduced blood flow or kinking of the ovarian vessels. In one case, torsion was suspected on a CT abdomen pelvis following investigation of right iliac fossa pain under the general surgical service. All cases were commenced laparoscopically. Two cases were completed laparoscopically with detorsion and ovarian cystectomy performed. One case was converted to an open procedure intra-operatively given the large size of the cyst and in order to remove the cyst intact, which was achieved. In the cases completed laparoscopically, benign pathology was confirmed on histopathology (benign serous cystadenoma, a benign serous cystadenofibroma with calcification). However, in the open case, a serous borderline tumour was confirmed.

This unsuspected diagnosis in a 24-year-old nulliparous woman required further completion surgery. This case series highlights the importance of considering non-benign ovarian pathology in young women presenting acutely with ovarian torsion and the need for conversion to an open approach in selected cases.

AN AUDIT OF PROCEDURE RELATED COMPLICATIONS IN OUT PATIENT HYSTEROSCOPY SETTING AT UNIVERSITY HOSPITAL KERRY

POSTER

Sura Alnajjar[1], fatima shah[2], SAVITA LALCHANDANI[3]

[1]University Hospital Kerry, Tralee, Ireland

Out-Patient Hysteroscopy is essentially used to investigate Abnormal Uterine Bleeding (AUB). It is a safe, convenient and cost-effective means of diagnosing and treating AUB.

An audit was conducted to evaluate procedure related complications in Out-Patient Hysteroscopy Clinic (OHC) at University Hospital Kerry (UHK) using the RCOG Best Practice in Out-Patient Hysteroscopy Green-Top-Guideline No.59 and STRATOG e-learning- Complications of Diagnostic Hysteroscopy as a standard.

The retrospective audit was carried out on a total of 232 women attending OHC at UHK from January 2016 to December 2017. Eight patients were excluded from the study group.

The results were analyzed by the two researchers and reviewed by the Supervising Consultant. The procedure was successfully performed in 92.4% cases (207/224).

Complications identified included:

A) Failure to complete an adequate examination in 5.3% cases (12/224).

1. The inability of patients to tolerate procedure (6/12).
2. Poor view due to pre-existing Bleeding (6/12).

B) Failed procedure as a result of Cervical stenosis in 2.2% cases (5/224).

C) Pain (Visual-Analogue Scale):

1. Severe , 7-10/10 in 5.8% (13/224)
2. Moderate , 4-6/10 in 49% (110/224)

iii. Mild , 1-3/10 in 38.3% (86/224)

D) Vasovagal Reaction in 3.5% (8/224)

E) Re-Admission in 0.89% (2/224)

F) Uterine Trauma in 0.0% (0/224)

From this study, it can be concluded that due to advances in technology and expertise the incidence of serious complications in Diagnostic Hysteroscopy has significantly reduced providing excellent safety profile and as a result is widely accepted.

THE TRIPLE OBSTETRIC TRAGEDY THE FAR REACHING CONSEQUENCES OF A COMPLEX DELIVERY

POSTER

Joan Lennon

Rotunda Hospital, Dublin, Ireland

The intrapartum death of Princess Charlotte of Wales and her son, and subsequent death of the obstetrician involved, shook the United Kingdom in 1817. The event, known as the Triple Obstetric Tragedy, changed both the practice of obstetrics and the political landscape of Europe.

A brief glimpse into a fascinating moment in the history of obstetric practice aims to provide an insight for those who may be unfamiliar with the event and to acknowledge the wealth of history in obstetric practice.

A PAINFUL FIBROID IN PREGNANCY

POSTER

Grace Ryan[1,2], Ruadhri McVey[1], Gerry Agnew[1]

[1]National Maternity Hospital, Dublin, Ireland, [2]Rotunda Hospital, Dublin, Ireland

Uterine fibroids are the most common pelvic tumour in pregnancy, with a prevalence of 10.7%. In the UK there are currently no national guidelines on the management of fibroids in pregnancy. Complications can arise such as placental abruption and increased caesarean section rates.

We present a case of a uterine fibroid in pregnancy causing severe pain resulting in early delivery at thirty-four weeks gestation via an elective caesarean section.

A thirty-two year old primiparous lady was booked at twelve weeks gestation with a 19 cm posterior fibroid. She was admitted for pain management in the second trimester requiring nerve blocks in conjunction to treatment for anaemia secondary to red degeneration of the fibroid. MRI imaging demonstrated a 21x10x15 cm mass arising from the pelvis extending into the abdomen, suggestive of a fibroid. A multidisciplinary approach was taken including input from foetal medicine, gynaecology-oncology, anaesthetics, haematology, dietetics, physiotherapy and midwifery. At thirty-four weeks gestation she underwent an elective midline laparotomy with a transverse mid-uterine incision for severe pelvic pain secondary to a large posterior fibroid.

A live male infant was delivered in good condition. Blood loss was estimated at 600 mls and the procedure was uncomplicated. She has ongoing pain management issues and is planned for myomectomy in the post partum period.

Recent evidence has concluded that myomectomy can be performed concurrently with caesarean section without an increased risk of blood transfusion or hysterectomy. This case highlights the dearth of evidence based information in management of fibroids associated with pregnancy.

A CASE PRESENTATION OF TUBAL STUMP ECTOPIC POST SALPINGECTOMY

POSTER

Hannah Dunne, Maeve Eogan

Rotunda Hospital, Dublin, Ireland

Introduction

More than 90% of ectopic pregnancies implant within the fallopian tube and approximately 2.6% of such are found within the interstitial portion. In patients who have undergone salpingectomy, a few cases have been documented of recurrent ipsilateral ectopic pregnancy within the tubal remnants. This case presentation describes such an incidence following ART.

Case Presentation

A 39 year old woman para 0+1 was referred to the Early Pregnancy Assessment Unit (EPAU) of the Rotunda Hospital in October 2018 with painless PV bleeding. She reported a previous ectopic pregnancy in May 2017 which was managed surgically via left salpingectomy. She conceived again via IVF. Oocyte retrieval and subsequent double embryo transfer of day 3 blastocysts was performed.

No intrauterine gestational sac or free fluid was seen on ultrasound and she underwent serial HCG testing. HCG levels rose suboptimally and one week later she contacted the EPAU complaining of severe burning left iliac fossa pain. An ultrasound performed that day confirmed free fluid in the Pouch of Douglas measuring 3 x 3 mm.

The patient was then admitted for laparoscopy which revealed an ectopic pregnancy in the left tubal stump at the previous salpingectomy site.

Discussion

Ectopic pregnancy rates are shown to increase with ART and this case examines an unusual presentation of such among patients who have previously undergone salpingectomy. This highlights the importance of undertaking a complete salpingectomy when this is being performed for management of ectopic pregnancy, in order to reduce the risk of recurrence.

INFANTILE ARTERIAL CALCINOSIS

POSTER

Olu Ayodeji, John Morrison, Geraldine Gaffney

University Hospital Galway, Galway, Ireland

Idiopathic arterial calcification of infancy or occlusive infantile arterial calcification is a rare cause of arterial calcification. It is a rare autosomal recessive disease characterized by extensive calcification of medium and large arteries usually diagnosed post mortem. It is mostly caused by mutations in the ENPP1 gene.

Here we present a case report of a 36 year old Primigravida whose dating scan showed a 7.6mm cystic hygroma which was suspected to be secondary to a cardiac malformation. NIPT reported a low risk result for Trisomy 13, 18 and 21. Amniocentesis showed a male neonate with an apparently normal complement for chromosomes 13, 18 and 21. Serial scans showed worsening fetal hydrops.

The baby had a fetal echo which showed severe biventricular hypertrophy and cardiac failure. She had significant polyhydraminos which required amnio drainage. She was induced at 28 weeks and 4 days on account of an IUD. A post mortem done confirmed infantile arterial calcinosis as the cause for the fetal hydrops.

Although most cases are diagnosed at autopsy, there have been reports of diagnosis prior to death based on clinical presentation, radiology findings and molecular studies.

Appropriate treatment can be initiated and has been shown to successfully induce permanent remission.

Since antenatal diagnosis is possible, infantile arterial calcinosis should be suspected when there is hyperechogenicity of the vessel walls, evidence of polyhydraminos or a past history of early neonatal death secondary to fetal hydrops.

ADNEXAL TORSION AND RETORSION WITH NO APPARENT CAUSE : A CASE REPORT

POSTER

Chloe Mac Auley, Richard Deane

Tallaght University Hospital, Dublin, Ireland

Ovarian torsion accounts for 3% of all gynaecological surgical emergencies.(1) Patients usually present with sudden onset unilateral pain following a period of exertion which may be associated with nausea or vomiting.

Ovarian torsion is typically unilateral in a pathologically enlarged ovary. Predisposing factors include cysts and neoplasms (90%) (2) with 10-20% of cases occurring during pregnancy. (3) Previous fertility treatment also increases risk. Torsion is uncommon in a normal ovary (8-18% of all cases)(4) and most often in the premenarchal population.

There is little data on the risk of recurrence in the ipsilateral ovary although one study showed a recurrence rate of 9.1% in non pregnant women. (5)

A 23 year old nulliparous female presented with ovarian torsion and subsequent ipsilateral retorsion 6 months later. She had no predisposing factors for ovarian torsion. No discrete ovarian cysts were seen on ultrasound or during laparoscopy. Peritoneal washings showed only inflammatory cells and mesothelial cells; malignant cells were not identified. She was nulliparous and had never undergone fertility treatment. The ovaries were, as expected, of increased length upon diagnosis of torsion; however had returned to within normal limits one week after retorsion.

Surgical detorsion with ovarian preservation is preferred. Shortening of the ovarian ligament has been shown to reduce the recurrence rate.(6) During laparoscopy for this patient's first torsion, the ovarian ligament was shortened. This shortened ligament was identified and still intact during the second laparoscopy for retorsion.

A REVIEW OF CHANGES TO THE GYNAECOLOGY SERVICES IN BEAUMONT HOSPITAL

POSTER

Joan Lennon[1,2], Hassan Rajab[2], Conor Harrity[2]

[1]Rotunda Hospital, Dublin, Ireland, [2]Beaumont Hospital, Dublin, Ireland

Beaumont Hospital provides gynaecology services in the setting of a large Teriary Referral Centre. The service provides inpatient and outpatient care, as well as inpatient consults for other disciplines.

In common with gynaecology services in many other hospitals, theatre lists are vulnerable to cancellation, leading to a long waiting list for elective surgery. In an effort to reduce the time spent awaiting surgery, gynaecology services were provided access to St Joseph's Hospital Raheny on a trial basis in May 2018.

As a result of this, the service was able to double the number of completed surgical procedures, compared to the previous six month period.

This paper outlines the implementation of these services, detailing the approach taken and difficulties encountered. It is hoped that this discussion will be of interest to units considering methods to reduce waiting list times.

CONCEALED PREGNANCIES IN THE 21 ST CENTURY A REVIEW OF A TERTIARY MATERNITY CENTRE

POSTER

Jennu Stokes, Michael Geary

Department of Obstetrics and Gynaecology, Rotunda Hospital, Dublin, Ireland

Concealed pregnancies continue to occur in western society. There are no definitive rates in Ireland with data being from individual maternity hospital figures for 'concealed pregnancy'. This term appears to encompass some cases of babies born before arrival to hospital or 'unbooked' pregnancies. 1,2

This is a retrospective review of concealed pregnancies presenting to the Rotunda Hospital between 2007 and 2018. Twenty cases were identified by the Social Work department, where the pregnancy was clearly concealed. Fifteen of these involved Irish women and the age range was 17 to 38 years. The majority were primips, however two women were para 8. There was one stillbirth at approximately 36 weeks gestation. The gestational age range was 23+6 to over 42 weeks. Spontaneous vaginal delivery was most common. There were two postpartum haemorrhages and no case of sepsis. Average time from delivery to discharge for mothers was 3.2 days (1-5 days). Fifty percent of babies were discharged to their mothers' homes. Only 5 babies (25%) spent time in the NICU; the longest stay was 13 weeks. There were no reports of postnatal depression however this does not underestimate the importance of understanding concealed pregnancy in the context of mental health.

This is both a social and medical issue, with our patient populations becoming more dynamic and multicultural. It is important to identify concealed pregnancy, its trends and the associated significant morbidity. By shining a light on this issue, it may help to reduce the prevalence and improve management of these cases.

THERE IS NO EASY DELIVERY : A DEGENERATING PROLAPSED FIBROID POST SPONTANEOUS VAGINAL DELIVERY

POSTER

Grace Ryan[1,2], Ann Rowan[1], Donal O'Brien[1]

[1]National Maternity Hospital, Dublin, Ireland, [2]Rotunda Hospital, Dublin, Ireland

Fibroids are benign smooth muscle tumours of the uterus with a prevalence of 10.7% in pregnant women. There is a plethora of research and publications detailing fibroids in pregnancy, however, there is a limited amount of information available on fibroid complications in the post partum period.

We present a case of a spontaneous prolapsed degenerating fibroid post spontaneous vaginal delivery that was managed in our tertiary referral unit.

A twenty-one year old Romanian woman represented to her primary care hospital three days post an uncomplicated spontaneous vaginal delivery, complaining of foul smelling discharge and the feeling of something coming down into her vagina. She was discharged home on oral antibiotics however she represented with pyrexia and ongoing foul smelling vaginal discharge. She underwent examination under anaesthesia. Intra-operative findings included a mass of unknown origin, the procedure was abandoned. Urgent imaging was performed. MRI report suggested a large abdominal mass arising from the uterus. She was transferred to the National Maternity Hospital for further management. Emergency examination under anaesthesia was performed revealing a prolapsed degenerating necrotic fibroid protruding through the cervix and into the upper half of the vagina, removed vaginally. The patient remained stable and discharged home well.

Degenerating fibroids can have varying appearances. Rapid growth of degenerative fibroid is mainly due to necrosis, infarction and cystic changes.

This case highlights the need for further evidence based research into management of such complications in conjunction with demonstrating the possibility of confusion in diagnosis arising with such findings.

WHY NOT ATTEND , A RETROSCPECTIVE AUDIT

POSTER

Nosheen Iram, lelia sarlau, Ashish Das

Wexford General Hospital, Wexford, Ireland

Non Attendance in OPD has caused detrimental effect on the financial costs of HSE,clinical implications to the nonattenders and those awaiting the appointment.Nonattendance has been a cause of concern for many years with no simple and cost effective solution to date.

The aim is to quantify percentage of nonattenders in clinics, assess factors affecting attendances and implement changes.

Data was collected by paper and electronic records on all the patients who didn't attend clinics from Jan2018 to April, 2018.A proforma was formulated of 13 questions.

Among 67 patients who"didn't attend"clinics 43(64.18%) attended phone.41(95.34%) answered the questions,only 9(44.18%) received the appointment letter.9(20.93%) tried to cancel the appointment. 5(11.63%) were aware of the length of waiting list.4(9.30%) were aware of referral drops.21(48.83%) understood the reason of appointment.32(74.41%)said that their work didn't influence attendance. 30(69.76%) said their family responsibilities didn't influence attendance.In 34(79.06%) distance didn't influence attendance.In 30(69.76%) the transport means didn't affect attendance.10(23.25%) said that time between appointment and visit was long.35(81.40%) agreed that they were satisfied with the care.All of them agreed for a reminder text.

We conclude that majority of patients who didn't attend, are willing to attend and their work or family responsibilities didn't influence their attendance,they are satisfied with the care and needed a reminder message.We recommend that a reminder text message should be sent, and plan to reaudit in 6 months

NEW DISCOVERY OF THYMIC MASS DURING THIRD TRIMESTER THE IMPORTANCE OF MULTIDISCIPLINARY INPUT IN COMPLEX CASES

POSTER

Joan Lennon, Jennifer Donnelly

Rotunda Hospital, Dublin, Ireland

A 26 year old woman presented to ED at 32+2 weeks gestation in her second pregnancy reporting a four week history of dyspnoea. Despite treatment for a lower respiratory tract infection, her symptoms had worsened. She was referred for review in the Medical Assessment Unit of the Mater Hospital, where a 6cm thymic mass was identified on CTPA. Radiological review suggested either thymic hyperplasia or carcinoma.

The patient experienced ongoing symptoms of breathlessness and showed signs concerning for upper airway obstruction. A multidisciplinary approach was adopted and input was sought from a variety of specialities. The patient was scheduled for induction of labour at 39+2 weeks.

Tumours of the thymus are rare, usually reported as having an incidence of less than 0.1%. In addition, the thymus will more typically undergo involution in pregnancy, rather than enlargement. The immediate concern in a patient presenting with a thymic tumour is that of airway compromise due to mass effect.

This case provides an basis for discussion of antenatal care, and planning for labour and delivery, in the context of potential upper airway obstruction.

SCREENING FOR GROUP B STREPTOCOCCUS (GBS) AT LABOUR ONSET USING PCR: ROTUNDA HOSPITAL EXPERIENCE

POSTER

Hannah Dunne, Daniel Kane, Adrianne Wyse, David LeBlanc, Richard Drew, Maeve Eogan

Rotunda Hospital, Dublin, Ireland

Background

In 2017 we published results of a pilot study assessing diagnostic accuracy and potential impact of a rapid PCR-based screening test for the detection of group B Streptococcus (GBS) at the onset of labour for the purpose of optimising induction of labour and intrapartum antibiotic prophylaxis (IAP).

In April 2018 we implemented this strategy, during regular working hours, for women who presented with spontaneous rupture of the membranes (SROM), who did not otherwise have an indication for immediate induction of labour. Since then, it has been used to determine care strategies in 83 women.

Purpose of Study

This poster summarises the results of this quality improvement study, as we move towards appropriate implementation of GBS screening for selected patients on a 24/7 basis.

Study Design and Methods

This study is a retrospective review of all patients who had real time GBS screening performed on presentation with spontaneous rupture of the membranes at term between April 2018 and mid October 2018.

Findings

83 patients aged between 18 and 42 years had this screening performed. 11/83 had positive screens.

Conclusions and Implications

Knowledge of GBS status in early labour, or when labour is imminent allows for appropriate triage regarding induction of labour and intrapartum antibiotic prophylaxis.

AN UNUSUAL CAUSE OF FRANK HAEMATURIA POST CAESAREAN SECTION

POSTER

Olu Ayodeji, Sue Sarma

University Hospital Galway, Galway, Ireland

Haematuria in the peripartum period can be a diagnostic dilemma.Conservative approach remains the mainstay of treatment. Eosinophilic cystitis is a rare inflammatory bladder condition caused by buildup of eosinophils in the bladder.Frequency, dysuria and haematuria are frequent symptoms. The exact cause of this condition is not known although it has been associated with various aetiological factors such as allergy, bladder trauma, bladder tumour and parasitic infection.

Here we present a case report of a 34 year old Para 4 + 1 with 3 previous successful VBAC who presented Day 5 post cs with severe abdominal pain and frank haematuria. She had an emergency cs at Term +6 for failure to progress at 6cm.

This was a difficult cs and she had a pph of 2.4L.There was no clinical evidence of bladder trauma and her catheter remained clear while on admission. The initial impression was suspected bladder injury. A pelvic MRI showed extensive clot in the bladder with no fistula or bladder perforation.

Urologist opinion was sought and a cystoscopy showed petechial haemorrhage and a bladder biopsy with irrigation done. The histology revealed features of eosinophilic cystitis.

Peripartum haematuria can be debilitating at times specially after a caesarean section when the risk of trauma has to be excluded.

A high index of suspicion is required to diagnose eosinophilic cystitis. Cystoscopy and biopsy are the gold standard for the diagnosis and most of the times it can be managed conservatively with nsaids, anti-histamines and steroids. Occasionally, it may lead to serious bladder disease.

HYSTEROSCOPIC MANAGEMENT OF RETAINED PRODUCTS OF CONCEPTION: LITERATURE REVIEW AND CASE REPORTS

POSTER

Jasmeet Kumari, Naro Imcha, Sucheta Johnson

University Maternity Hospital Limerick, Limerick, Ireland

Precision and safety are the hallmark of Direct vision operative Hysteroscopy allowing removal of endometrial pathology. In recent times it has been used to remove retained products of conception (RPOC) providing a safe alternative to blind Suction Evacuation /Curettage.

RPOC is a relatively common sequel after a miscarriage or even after delivery. Patients may present with symptoms including persistent vaginal bleeding, abdominal pain, pelvic infection, fever or even with Sepsis. Long-term complications of blind endometrial curettage include the formation of intrauterine adhesions (IUAs) which can lead to Asherman syndrome resulting in subfertility, chronic pelvic pain, menstrual disturbances, and abnormal placentation. Timely and safe management of RPOC can avoid these consequences.

We present two cases with completely different presentation who were greatly benefitted by the availability of Hysteroscopic tissue morcellator with retrieval system. One case is of a 36 year old lady with Bicornuate uterus with failed surgical and multiple medical management. Persistent gestational sac was successfully removed Hysteroscopically. Another patient was seen in Gynaecology outpatients with persistent intermenstrual bleed and menorrhagia since her last child birth, more than a year ago and at Hysteroscopy placental polyp was noted and removed by morcellation.

There is growing evidence to treat patients with RPOC by Hysteroscopic route rather than blind Dilatation and Curettage, all in keeping with safe and effective patient management. This is especially successful in cases of congenital uterine anomalies and is associated with low complication rates, low rates of IUA, and high rates of subsequent pregnancies.

PATIENT AWARENESS ON THE AVAILABILITY OF NON INVASIVE PRENATAL TESTING NIPT

POSTER

Nabeehah Moollan[1], Grainne Victory[1], Etaoin Kent[2]

[1]Our Lady of Lourdes Hospital, Drogheda, Ireland, [2]Rotunda Hospital, Dublin, Ireland

Non Invasive Prenatal Testing(NIPT) is a novel screening test used to detect chromosomal abnormalities using cffDNA from maternal plasma. This test is highly sensitive and specific(>99%) for Down's Syndrome. While amniocentesis and chorionic villus sampling remains the current definitive test, NIPT can be used as a screening test to increase the detection rate of these conditions, and reduce the number of inappropriate referrals for, and therefore complications from, invasive testing. While not routinely performed, NIPT is currently available in most tertiary obstetric hospitals in Ireland, and the cost of this test is usually incurred by the patient.

We aim to analyse patient awareness on the availability of, and interest in availing of information regarding NIPT, in Our Lady of Lourdes Hospital(OLOLH), Drogheda.

A questionnaire was offered to all patients attending their booking visit in our obstetric unit in OLOLH.

A total of 53 questionnaires were obtained. 77% of patients had not heard of NIPT previously, and 87% of patients did not know of its availability in Ireland. 85% felt this information should be available at the booking visit. 41.5% stated that they would avail of this test if available at OLOLH, and this increased to 56.5% if made available free of charge.

This highlights the lack of patient awareness regarding NIPT and its availability, and indicates patient interest in availing of more information regarding the test. We hope to use this to introduce the routine availability of information on NIPT at the booking visit in OLOLH.

THE SCALES DON T LIE A RETROSPECTIVE LOOK AT BOOKING WEIGHT CHANGES IN MULTIPS

POSTER

Valentina Le Thanh, Ann Rowan

Waterford University Hospital, Waterford, Ireland

Pregnancy weight gain is associated with increased morbidity to both mother and fetus, including hypertension, gestation diabetes, macrosomia and long term maternal cardiovascular risks.

We wished to assess in our cohort of patients weight change through subsequent pregnancies.

We performed a retrospective analysis of 40 multiparous women who delivered in WUH over the period 2011-2018. All women were followed from first delivery to date. Baseline maternal and foetal demographics including weight, BMI, conditions arising in pregnancy, mode of delivery and fetal weight were recorded. Women were then further subdivided into those with ≥3 deliveries.

Overall 36% (17) of women gained weight between the first and second pregnancy with an average gain of 5.88kg from booking weight, foetal weight in this group increased on average 325g between first-second pregnancy. Of the 14 women with ≥3 deliveries 79% (11) gained weight between the second and third pregnancy, average gain 3kg. Weight gain showed a strong positive association with gestational comorbidities (odds ratio 5,73; 95%CI 0,9-33), independently from BMI. Sixty-four percent of women lost weight between the first and second pregnancy with average weight reduction of 3.34Kg and a lower foetal weight increase between the first and second pregnancy of 92g.

Significant weight gain was noted in patients with more than one delivery, weight gain appeared as strong risk factor in the development of gestational comorbidities. Discussion regarding weight gain and its risks in future pregnancies should therefore be included in any pre-conceptual counselling, with the aim to decrease gestational comorbidities.

PERSISTENT RETROPERITONEAL COLLECTION SECONDARY TO SEVERE GROUP A *STREPTOCOCCUS* INFECTION IN PUERPERIUM - A CASE REPORT

POSTER

Sabina Tabirca, David Ayodele Aina , John Higgins

Cork University Maternity Hospital, Cork, Ireland

Puerperal sepsis caused by group A *Streptococcus* (GAS) remains an important cause of maternal and infant mortality worldwide. Postpartum period is most common for developing GAS sepsis with 85% cases occurring in the first 4 days postnatal.

We present the case of a 31-year-old primaparus woman who had an uneventful spontaneous vaginal delivery with a right medio-lateral. She represented day 5 postnatal with symptoms of severe sepsis. A diagnosis of endometritis and episiotomy wound breakdown secondary to GAS was made. She was admitted to ICU / HDU, where she spent 13 days, requiring inotrophic support. She received a range of antibiotics starting with piperacillin/tazobactam, clindamycin, getamicin, metronixadole and ceftriaxone. She was discharged day 23 postnatal.

She represented 9 weeks post delivery with symptoms of sepsis. On admission to HDU she was started on piperacillin/tazobactam and vancomycin which was changed to daptomycin. MRI showed a complex multi loculated pelvic collection located retro-peritoneal adjacent to the left psoas muscle. She was seen by multiple specialists and she had several attempted radiological drainage procedures. Ultimately the orthopaedic team surgically drained the collection through a lumbar incision.

She had 6 weeks course of IV ceftriaxone and oral metronidazole. She had persistent wound infections from the lumbar incision. Finally, she had mushroom drainage through the site of the original left vaginal tear and lumbar incision. The drains were finally removed 15 months' post-delivery.

This case emphasises the persistent complications of a GAS infection on the postnatal recovery period and demand put on hospital resources.

ANGIOMYOLIPOMA IN PREGNANCY: A CASE REPORT AND REVIEW OF THE LITERATURE

POSTER

Michelle McCarthy, Khalid Saeed, Orfhlaith O'Sullivan

CUMH, Cork, Ireland

While angiomyolipomas (AMLs) are the most common benign renal neoplasms (1) the prevalence rate is 0.13% (2). During pregnancy AMLs may increase in size and have an increased risk of rupture (3). Although causality has not been established, over 25% carry oestrogen and progesterone receptors (4).

We describe the case of a 37 year old para 2, who presented with severe renal angle pain secondary to a rupture of a right renal angiomyolipoma at 31 weeks' gestation.

Initial diagnosis of a 5.7cm AML in the lower pole of her right kidney was made incidentally in 2009. Conservative mangement was advised. No increase in size was noted on surveillance ultrasound scan which occurred at 15 weeks' gestation. At 31 weeks' gestation, she presented with right renal angle pain, she was apyrexial, with normal vitals and urinalysis.MRI revealed increase in AML size to 6.3cm, associated with a subcapsular haematoma. Following multidisciplinary team discussion (MDT) with urology and radiology conservative management was advised during pregnancy.

Her pain and analgesic requirement escalated significantly and a decision was made for induction of labour at 36 +2 days. She required delivery via emergency caesarean section for non-reassuring CTG and pyrexia in labour. On day 3 postpartum a radiologically guided embolisation of the AML via the common femoral artery was undertaken.

The case underscores the importance of pre-pregnancy diagnosis and MDT in the management of these relatively rare benign conditions. Delivery tends to be by caesarean section 56% (n=15) in the cases reported in the literature (3).

THE EFFECT OF MATERNAL AND FETAL FACTORS ON ROBSON GROUP 1 CAESAREAN SECTION RATE OVER A TEN YEAR PERIOD

POSTER

Ita Shanahan, Katie Beauchamp, Daniel Kane, Naomi Burke, Etaoin Kent

Rotunda Hospital, Dublin, Ireland

Caesarean Section (CS) rates have been steadily increasing in the Robson Group 1 women in the last 30 years in the Rotunda Hospital, a large tertiary referral centre. Currently the rate stands at 17%. The resulting added financial burden, increasing surgical risks, perinatal risks and maternal morbidity cannot be ignored. It has been hypothesized that a changing maternal and fetal population has influenced the rise in CS rates.

A database from 2008-2017 was created, using HIPE and IPIMS. Of 45959 nulliparous patients in spontaneous labour, over 37 weeks with cephalic presentation, 2720 had an emergency CS. This was analysed by maternal age, booking type, maternal co-morbidities. Fetal factors in terms of birthweight and ART were assessed.

CS rates were highest in private patients (19%) compared with rates of 12 in public patients. CS rates increase with maternal age as 28% of those over 40 years old resulted in CS, compared with 9% of those under 21 years old. Maternal co-morbidities of hypertension and cardiovascular disease show rates of 19% and 21% respectively. Extremes of birthweight influence CS decision with babies under 2.5kg and over 4kg showing highest rates 21% and 22% respectively. 22% of ART conception result in CS.

In conclusion, advancing maternal age, maternal co-morbidities and extremes of birthweight seem to increase the rate of CS.

POSTPARTUM DEBRIEFING FOLLOWING AN EMERGENCY OBSTETRIC INTERVENTION AND WOMENS UNDERSTANDING OF EVENTS LEADING TO THE INTERVENTION

POSTER

Workineh Tadesse, Aliyah Al-Sudani, Mona Abdelrahman, Jill Mitchell, Amina Javaid, Reham Alkhalil, Maeve Eogan, Michael Geary

The Rotunda Hospital, Dublin, Ireland

This prospective cross-sectional study was conducted to assess the practice of postpartum debriefing following an emergency obstetric intervention and determine women's understanding of events in labour and delivery that led to the intervention.

A total of 166 women who underwent an emergency caesarean section, instrumental deliveries, repair of a $3^{rd}/4^{th}$ – degree tear, or management of shoulder dystocia during the study period were included. Data were collected in the postpartum period using a self-administered questionnaire.

Majority of women (60%) had an emergency caesarean section, followed by vacuum (23%) and forceps deliveries (12%). Ninety-six per cent of women mentioned that the reason for the intervention had been explained to them before the intervention was carried out. Of these, 89% said they fully understood the reason(s) for the intervention. Women with a birthing partner present at the time of the intervention were more likely to fully understood the reason(s) for the intervention, although this difference didn't reach statistical significance (90 % vs. 75 %, p-value = 0.128). A total of 32 (20%) women were not seen postnatally by the doctor who delivered them. There was no difference in the number of women seen postpartum based on the grade of the doctor who delivered them (p-value = 0.191).

It may be difficult to measure the impact of postpartum debriefing objectively. However, all women should have the opportunity to talk about their birth experience, express feelings about what happened, have questions answered, address gaps in understanding of events, and talk about future pregnancies.

CERVICAL CYTOLOGY AS A PREDICTOR OF PRE MALIGNANT AND MALIGNANT GLANDULAR LESIONS

POSTER

Adrianne Wyse, Catherine Finnegan, Orla Smith, Claire O Reilly, Paul Byrne

Rotunda Hospital, Dublin, Ireland

Each year in Ireland more than 260 women are diagnosed with cervical cancer. While the majority are squamous cell carcinomas, approximately 16% are adenocarcinomas. Cervical cytology was developed over 50 years ago to detect premalignant squamous lesions. It is accepted that many glandular lesions are not detected by cervical cytology.

The aim of our study was to assess the accuracy of cervical cytology in detecting pre-malignant and malignant glandular lesions detected in a LLETZ specimen.

We reviewed the histology reports of all patient treated by LLETZ in the Rotunda Hospital who had been referred with glandular cytology over a ten year period (2009-2018).

During the 10 year period, 2148 women were referred with a smear reporting a glandular abnormality. 595(27%) of these women ultimately had a LLETZ procedure. Glandular disease was reported in 65(11%) women. Of these 45(71%) had glandular intraepithelial neoplasia, 10(16%) had adenocarcinoma in situ and 8(13%) had invasive adenocarcinoma. Squamous disease was reported in 355(60%) women,59 (45%) had CIN 1,75(21%) had CIN 2 and 115(32%) had CIN 3. There were 8 cases of microinvasion and 2 invasive squamous carcinomas.

89% of those referred with glandular smears have no histological evidence of glandular abnormality, although 56% had histological evidence of a high grade squamous intraepithelial lesion. This observation has significant implications for clinical practice. It is important the limitations of cervical cytology, particularly in detecting glandular lesions, are understood by those who rely on cervical cytology as a screening test.

USE OF THE SEPSIS SCREENING FORM IN A REGIONAL IRISH MATERNITY HOSPITAL

POSTER

Jennifer Enright[1], Cathy McNestry[2], Vida Hamilton[2]

[1]University Hospital Waterford , Waterford, Ireland, [2]University Hospital Waterford, Waterford, Ireland

The established approach to reducing morbidity and mortality associated with sepsis is early recognition and treatment. [1] In order to ensure correct diagnosis and effective management of these patients, a standardised sepsis screening form was developed and implemented in Irish maternity hospitals.

The aim of this audit was to establish the effectual use of the sepsis screening form in a regional hospital of 3000 births/year.

A sample of 50 obstetric patients was taken, of whom had blood cultures obtained in the previous six months.

It revealed that the maternity sepsis form was used for 48% of these patients. Of those forms used, only 62% were fully completed with just 81% signed by the attending doctor. The sepsis six pathway was applied to 92% of patients and 100% having blood cultures obtained before the administration of antibiotics. 88% of patient's who's lactate was initially raised had their lactate repeated. No patient with a raised lactate or a systolic blood pressure of less than 90mmHg was adequately resuscitated with a fluid bolus approach.

More consistent use of the sepsis screening form for obstetric patients will aid doctors in making the correct diagnosis. It will also guide the implementation of established best practice in the management of sepsis. There is an obligation on all doctors to ensure excellent documentation, the use of this form safeguards this responsibility. Further work needs to be done to achieve the desired 100% implementation of the sepsis screening form in maternity services in Ireland.

A GENERAL GYNAECOLOGY SERVICE AND ENDOMETRIAL CANCER A PERFORMANCE ANALYSIS

POSTER

David J Rooney[1], Asad Zafar[2], Patrick J Maguire[1], Meabh Ni Bhuinneain[1]

[1]Mayo University Hospital, Castlebar, Ireland, [2]National University of Ireland, Galway, Galway, Ireland

Endometrial cancer (EC) is the most common gynaecological malignancy in high income countries. The UK standard[1,2] states that women with suspected EC should be seen within two weeks of referral and treatment should commence within sixty-two days of referral.

The Ambulatory Gynaecology Clinic (AGC) at Mayo University Hospital (MUH) provides direct access to Ultrasound, Office Hysteroscopy and Endometrial Sampling. The aim of this study was to specifically assess the performance of the AGC for those with EC.

Retrospective analysis of the AGC 2015-2018 was performed. Data were collected electronically from prospectively maintained electronic databases.

Three thousand women with abnormal bleeding were seen. Fifty-one were diagnosed with primary EC. The results for twenty cases are presented. Sixteen women presented with post-menopausal bleeding (mean age 65) vs other presenting complaints (mean age 62). Median time from referral to first AGC appointment was 38 days (range 7-226 days). Median time from referral to diagnosis was 61.5 days (range 9-400 days). Median time from diagnosis to surgery was 65 days (range 23-118 days). Median time from referral to commencement of surgery was 128 days (range 92-423 days).

Our results highlight a wide variation in time interval from referral to diagnosis to treatment. This audit demonstrates the need to deliver a fast-track cancer pathway within a general ambulatory gynaecology clinic.

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REVIEW OF CAESAREAN SECTIONS PERFORMED UNDER GENERAL ANAESTHETIC THE WEXFORD EXPERIENCE

POSTER

Teresa Treacy, Zahrah ElSafti

Wexford General Hospital, Wexford, Ireland

The national Caesarean section (CS) rate is 25.6% in Ireland. The CS rate in Wexford General Hospital is 23.6%. General anaesthetic (GA) for CS delivery is decreasing in incidence. Regional anaesthesia is the most common method of providing anaesthesia for CS.The Royal College of Anaesthetists audit book suggests that fewer than 15% of emergency and fewer than 5% of elective Caesarean sections should be performed under general anaesthesia. When general anaesthesia is used, the most common indications are urgency, maternal refusal of regional techniques, inadequate or failed regional attempts, and regional contraindications including coagulation or spinal abnormalities.

We sought to review all caesarean sections performed under general anaesthesia in the Obstetric unit in a regional hospital in Ireland (Wexford General Hospital (WGH)). We reviewed the indication for CS delivery under GA and the outcomes of each case.

We performed a retrospective analysis of all CS performed under GA over a 6 month period. A review of each chart was undertaken to determine patient history, the indication for CS and GA, as well as fetal condition at delivery.

Of all the CS performed under GA we stratified those performed as an emergency vs elective. We identified the indication for GA as well as any maternal complications as a result. We identified neonatal APGAR scores at 1 and 5 minutes of birth.

This review provides an opportunity for multidisciplinary education, as well as data with which to council patients on the risk of requiring GA for CS delivery.

AN AUDIT OF CLINICAL HANDOVER AT UNIVERSITY MATERNITY HOSPITAL LIMERICK

POSTER

Gabriela Mc Mahon, Mendinaro Imcha

University Maternity Hospital Limerick, Limerick, Ireland

Clinical handover is an essential part of good clinical practice, medical management and patient safety.

Recently in UMHL, we have set up a multi-disciplinary handover occurring on the labour ward daily from Monday to Friday.

To audit issues discussed and attendance of relevant disciplines at handover.

A designated proforma of issues to be discussed and an attendance sign-in sheet is passed around at each clinical handover from Monday to Friday. These records were stored and used for data collection for this audit for one month period.

There was a total of 23 weekdays in July 2018 included in the audit.

Issues discussed included: women in labour (100%), women in special observation unit (87%), theatre (91.3%), neonatal unit (95.7%), antenatal wards (91.3%), postnatal wards (78.3%), IMEWS triggers (82.6%), current reported clinical incidents (82.6%), hygiene/decontamination (78.3%), bed status (87.0%), inter-hospital transfer (87%), relevant staffing Risks (78.3%), equipment issues (52.2%), risks identified (73.9%).

Attendance was as follows: 95.7% for Obstetrics Consultant, 95.7% for Obstetrics Registrar, 56.5% for Obstetrics SHO, 100% for the Clinical Midwife Manager on the Labour Ward, 82.6% for Clinical Midwife Manager in the operating theatre, 95.7% for the Clinical Midwife Manager in the antenatal ward, 95.7% for the Clinical Midwife Manager in the postnatal wards, 87% for Neonatal Unit staff, 87% for the paediatric team and 39.1% for the anaesthetic team.

Overall, attendance at each handover meeting is quite good but there is room for improvement. We plan to re-audit attendance again to see if there is an increase.

MANAGEMENT OF PRIMARY POSTPARTUM HAEMORRHAGE PPH AT THE MIDLAND REGIONAL HOSPITAL PORTLAOISE

POSTER

Sarah Milne, Sara Elnimr, Lavayna Shailendranath, Miriam Doyle

Midlands Regional Hospital, Portlaoise, Ireland

Obstetric haemorrhage is a leading cause of maternal death worldwide. Optimal management of PPH can improve maternal outcomes.

We sought to evaluate the management and documentation of primary postpartum haemorrhage in the Midland Regional Hospital Portlaoise in accordance with the national guideline on management of obstetric haemorrhage.

Medical records of all women with blood loss of >500ml in the 24 hours following delivery were examined by a single researcher in a retrospective study. We recorded risk factors for PPH, and management for each of these cases based on documentation in the medical notes.

There were 113 deliveries in August 2018, 22 of these mothers had a PPH. In total 16 (73%) had a blood loss between 500-1000mls, 5 (23%) between 1000-2000mls and one had a blood loss >2000mls. Almost two thirds of patients delivered by caesarean section (14/22), with four having an operative vaginal delivery and four having a spontaneous vaginal delivery. Three patients were grand multiparous (14%), six (27%) received oxytocin augmentation and one patient delivered twins. Almost all patients (96% [21/22]) had active management of the third stage, a significant number (86% [19/22]) also received an oxytocin infusion. A single patient required ergometrine and carboprost, with one further patient receiving tranexamic acid due to blood loss from a perineal tear.

The management of PPH is largely in accordance with the national guideline, a larger study of increased duration may highlight potential shortcomings which if corrected and re-audited may lead to an improvement in patient outcomes.

RETROSPECTIVE REVIEW OF FAILED INSTRUMENTAL DELIVERY AND CAESAREAN SECTION IN THE SECOND STAGE OF LABOUR

POSTER

Andrew Downey, Reham Alkhalil, Sahar Ahmed

Rotunda Hospital, Dublin, Ireland

Background

The number of Caesarean section in the second stage of labour has increased (1). Cohort studies have shown that trial of operative delivery prior to Caesarean section does not increase maternal morbidity compared to delivery without a trial(2).

Aim

The aim of this study is to compare maternal outcomes in patients undergoing a trial of instrumental delivery prior to Caesarean section in the second stage of labour compared with patients proceeding straight to Caesarean section in the second stage.

Methods

This is a retrospective study based on a chart review of patients who had a second stage Caesarean section from 2016-2017.

Results

There were 162 cases. 73 (45%) had a trial of instrumental delivery and 89 (55%) had no trial of instrumental delivery prior to Caesarean section.

Of those with a trial, 12 (16%) had a PPH > 1000ml, 1 (1%) had a blood transfusion, and 14 (19%) had a uterine angle extension. Of those without a trial, 19 (21%) had a PPH>1000ml, 4 (4%) had a blood transfusion, and 10 (11%) had an angle extension. No case was brought back to theatre and there was no visceral organ damage.

In those with a trial, 46 (63%) took place in the operating theatre. Regarding instrument choice 12 (16%)had forceps, 42 (57%) had ventouse 19 (27%) had both.

Conclusion

The overall rate of Caesarean section at full dilatation is rising. Attempt at operative delivery prior to Caesarean section does not result in increased rate of immediate maternal morbidity

AN AUDIT OF INPATIENT MANAGEMENT OF HYPEREMESIS

POSTER

Anna Durand O Connor

Cork University Maternity Hospital, Cork, Ireland

Hyperemesis requiring inpatient management is an uncommon condition of pregnancy, affecting less than 1% of all pregnant women. It is a disorder associated with potential severe complications including electrolyte disfunction, VTE and Wernicke's encephalopathy.

The aim of this study was to assess our compliance with the Irish national guideline on the management of hyperemesis, with regard to inpatient management.

This study was a retrospective review of patients admitted to Cork University Maternity Hospital from 1st January 2017 to 31st December 2017, for the management of hyperemesis. Data from patients' initial admission was collected from the echart.

During the period of the study there were 59 patients admitted for management of hyperemesis. Patients aged in range from 18 to 41, with a mean of 28.9.There were 5 patients with twin pregnancies and there were no patients with a higher order multiple pregnancy. They ranged in gestation from 6 to 14+4 weeks. Forty-one of these patients were admitted with 4+ ketonuria. Out of the patients admitted, the majority did not have TFTs checked on admission (76.3%, n=45). Of those who had TFTs checked, 5 had abnormal results. Nineteen out of 59 patients received intravenous vitamin supplementation during their first admission with hyperemesis. Only nine patients received prophylactic LMWH during their inpatient stay (15.3%), and the average length of stay for these patients was 1 day.

In this study of patients with severe NVP, the majority did not have thyroid function tests taken on admission, or receive IV vitamin supplementation as recommended.

WHAT DID THEY TELL YOU ABOUT THE CTG? A PATIENT SATISFACTION SURVEY DONE TO IDENTIFY PATIENTS OPINIONS ON CTG MONITORING AND STAFF COMMUNICATION IN LABOUR

POSTER

Gabriela Mc Mahon, Aidene Rogers, Zoe Woulfe, Maeve Smyth, Nyan Chin Liew, Mendinaro Imcha

University Maternity Hospital Limerick, Limerick, Ireland

To identify patient's views and satisfaction on communication about the CTG during their time in labour.

An anonymous survey was given to patients undergoing labour and delivery, asking them about their experience of CTG monitoring and staff communication. A second survey included patient demographics and was completed by staff.

Results

48 women completed the survey. Mean maternal age at delivery was 29.5 years. Of 48, 25.0% were nulliparous, 41.7% has spontaneous onset and 58.3% had induction of labour.

Of 48, 60% had a spontaneous vaginal delivery, 23.3% had an instrumental delivery and 16.7% had a caesarean section.

All women said the staff explained the CTG to them and they were satisfied with this communication. In 83.3% of cases, another member of staff offered a second opinion on the CTG and 100% were satisfied with the communication from this person. All women felt confident that the staff knew what they were doing and also felt included in any decision that was made as a result of the CTG. Of the 48 women, 30.2% said they wanted to know something about the CTG but didn't ask at the time. When asked about how they felt about having CTG monitoring done during labour, 75% felt very reassured and 35% felt reassured, no one said it made them anxious or worried. When asked about their overall experience of communication from staff, 83.3% said excellent and 16.7% said good. 79.1% of women rated their birthing experience as excellent and 20.9% said good.

DIAGNOSIS AND MANAGEMENT OF MATERNAL SEPSIS IN WEXFORD GENERAL HOSPITAL 2018

POSTER

Sandhya Babu, Mawahib Gabir

Wexford General Hospital, Wexford, Ireland

Background

This is a retrospective study to evaluate clinical diagnosis of maternal sepsis and methods of Management as per local protocol.

Purpose of study

To compare local diagnostic methods with national and international guidelines.

Study design and methods

A retrospective study over 20 women whom had sepsis between 1/1/2018_30/9/2018.using admission books and patients notes to evaluate timing, diagnosis, Management and outcome.

Finding

>90 %of patients whom diagnosed with sepsis had septic workup and antimicrobial within 1 hour as per hospital protocol.>60%of septic screening results were negative.

Conclusion

Early recognition and diagnosis and Management of maternal sepsis is the key to reduce fetal and maternal morbidity and mortality.

AN AUDIT OF THE MANAGEMENT OF OBSTETRIC ANAL SPHINCTER INJURY IN MIDLANDS REGIONAL HOSPITAL MULLINGAR

POSTER

Tarannum Ibraham , Ellen Mc Mahon, Nandini Ravikumar

Midlands Regional Hospital, Mullingar, Ireland

Obstetric anal sphincter injury (OASIS) is a complication of spontaneous and operative vaginal delivery. OASIS can lead to long term morbidity for women such as incontinence, and can have devastating psychosocial sequale. The Royal College of Obstetricians and Gynaecologists in the UK have detailed a guideline on the management of OASIS, which includes;

The use of monofilament sutures such as 3-0 PDS or braided sutures such as 2-0 polyglactin to repair the anal sphincters. Performing PR after repair to assess for inadvertant sutures to the rectal mucosa, and laxatives and antibiotics after repair.

Aim

To audit the current management of OASIS in a 2 year period in Midland Regional Hospital Mullingar.

Methods

A two year retrospective audit was performed on women sustaining OASIS in MRHM. A total of 40 cases were identified from birth register and HIPE record. 3 cases were excluded from the record due to not being able to access the clinical notes. The data was collected from patient's notes.

Results

Out of the 37 tears involving the External Anal Sphincter (EAS), 17 were sutured with recommended suture material. In six cases the suture used was not documented. In 14 cases the wrong suture was used. Out of the 6 cases involving the Internal Anal Sphincter (IAS) , 2 were repaired with the recommended suture, 1 inappropriate suture was used and there was no documentation in 3 cases.

PR examination was not documented in 8 cases.

Physiotherapy, antibiotics and laxatives were prescribed in 100% of cases.

OBSTERIC ANAL SPHINCTER INJURY (OASI) IN VAGINAL TWIN DELIVERY

POSTER

Bobby O'Leary, Tariq Bholah, Tamara Kalisse, Mark Hehir, Michael Geary

Rotunda Hospital, Dublin, Ireland

Introduction

OASI remains an important complication of singleton vaginal deliveries. There is limited data available on OASI in vaginal twin deliveries. We investigate the incidence and risk factors associated with vaginal twin deliveries.

Methods

A retrospective study of all twin vaginal deliveries in a single tertiary level hospital over a 10 year period was conducted. We compared the rate of OASI in singleton versus twin vaginal deliveries. We used multivariate regression analysis to calculate the adjusted odd ratios(OR) for OASI.

Results

Of the total number of 86,360 women in this study, 1783 (2.1%) had a twin pregnancy. Of those, 556 (31%) had a vaginal delivery of at least one twin. OASI was sustained by 6 (1.1%) women with twins and 1726 (2.9%) singleton vaginal deliveries. Sphincter injury were more likely to be at a later gestational age, and to have had an instrumental delivery. After univariate analysis, only instrumental delivery of either twin was found to be a significant risk factor (OR 2.93, 95% CI 1.27 – 38.32, P = 0.019) for sphincter injury. After controlling for primiparity and gestation this association was no longer significant.

Discussion

OASI occurs at a lower rate in vaginal twin pregnancies than in singletons (1.1% vs 2.9%), in our institution, confirming findings from other studies. When adjusted for confounders, no specific risk factors were identified for OASIS in twins compared to singleton vaginal deliveries. This data could be used in counselling women for the risk OASIS in vaginal twin deliveries.

ATTITUDES OF NCHDs AND CONSULTANTS IN OBSTETRICS & GYNAECOLOGY TO PREGNANCY, TRAINING AND CAREER

POSTER

Laura O Byrne[1], Lucia Prihodova[2], Aisling Smith[2], Niamh Daly[1], Aisling Martin[1], Mairead Kennelly[1], Michael Turner[1], Patricia Fitzpatrick[3], Christopher Fitzpatrick[1]

[1]Coombe/UCD Centre for Human Reproduction, Dublin, Ireland, [2]RCPI, Dublin, Ireland, [3]UCD School of Public Health, Physiotherapy & Sports Science, Dublin, Ireland

Background

Most trainees and recently appointed consultants in Obstetrics & Gynaecology (O & G) in Ireland are women.

Purpose

Our aim was to undertake the first survey of attitudes of Irish NCHDs and consultants in O & G to pregnancy, training and career.

Design and methods

An anonymous questionnaire was developed and piloted. Ethical approval was obtained from RCPI. The questionnaire was distributed to NCHDs and consultants in O & G. Data was analysed using SPSS and Win-PEPI.

Findings of the study

There were 176 responses (133 females, 43 males). The response rate in consultants was 21%, in HSTs 75% and BSTs 53%. 61 (45.9%) women had been pregnant while training/working. 54.1 % (95%CI 43.5% - 64.4%) of women who had been pregnant during their training felt their progression had been negatively impacted by pregnancy. A similar percentage felt their pregnancy had been negatively affected by their work. Fatigue, total hours worked, night- call, meal disruption and stress and were highlighted as negative factors by all respondents. The average gestation to cease night-call was 27.1 weeks and to commence maternity leave was 37.1 weeks.

75.6% (95%CI 69.5% - 80.6%) of all respondents felt that planning for a family/pregnancy had a negative effect on training and 70.5% (95%CI 64.6% - 75.9%) felt that hub-based training would be of benefit in relation to this.

Conclusions

Pregnancy needs to be factored more significantly into training, job customisation/flexibility, work-force planning and occupational health.

DETERMINE THE PATIENT S RISK OF CAESAREAN SECTION IN A PRIMIGRAVID POPULATION BASED ON AGE AND BMI

POSTER

Simran Ganeriwal[1], Gillian Ryan[2], Mike Geary[3], Nikhil Purandare[2]

[1]Royal College of Surgeons, Ireland, Dublin, Ireland, [2]Galway University Hospital, Galway, Ireland, [3]Rotunda Hospital, Dublin, Ireland

In Europe, caesarean section (CS) rates increased from 11.2% in 1990 to 25% in 2014, predominantly due to more women having a CS in their first pregnancy. There's been a rise in maternal age & Body Mass Index (BMI).

The aim of this study is to develop a counselling tool to determine CS risk in a first pregnancy stratified by age & BMI.

This was a retrospective review of CS performed on primigravid women in Galway University Hospital & The Rotunda Hospital from 2014 to 2017. The percentage of women who had a CS was calculated for each group by age & BMI. BMI was divided as per WHO classification. Age was divided into 8 groups: 1. <20, 2. 20-24, 3. 25-29, 4. 30-34, 5. 35-39, 6. 40-44, 7. 45-49, 8. ≥50. A table was created plotting age against BMI. Statistical analysis was performed using regression analysis with SPSS.

The total number of women included was 18,536. The table shows a clear trend emerging with significantly higher rates of CS in older mothers with higher BMIs ($P<0.05$). Primigravid women aged 20-24 with a BMI of <18.5 had a CS rate of only 10%, while older women 35-39 and 40-44 with a BMI of 35-39.5 had a CS rate of 59% & 73% respectively.

This study is an initial phase of a large multicentre study to develop a counselling tool for our population to more accurately predict a women's risk of CS in her first pregnancy based on age and BMI.

HETEROTOPIC PREGNANCY: BEWARE THE UNEXPLAINED ULTRASOUND

POSTER

Michelle McCarthy, Sammuel Hunter, Orfhlaith O'Sullivan, Suzanne O'Sullivan

CUMH, Cork, Ireland

Heterotopic pregnancy, the co-existence of intrauterine and extra-uterine pregnancies is estimated at 1/30,000 pregnancies.

We present the case of AA, a 34 year old para 2, who was noted to have an adnexal mass following a suspected complete miscarriage, and subsequently diagnosed with a heterotopic pregnancy. AA presented following spontaneous conception at nine weeks gestation with cramping abdominal pain and vaginal bleeding. Transvaginal scan demonstrated a well-defined solid are of mixed echogenicity in the left adnexa measuring 4x3.4x2.8cm and empty uterine cavity. Upon speculum examination, products of conception were removed from the cervical os and confirmed on histopathology. Differential diagnosis included heterotopic pregnancy or ovarian mass and follow up hCG was planned for 10 days. This did not occur and the patient represented 16 days later with severe left iliac fossa pain. Serum hCG had fallen from 10,162 to 1,778. Repeat ultrasound scan showed a 4cm adnexal mass and free fluid in the pouch of Douglas. Management was by laparoscopic left salpingectomy, which identified a ruptured ectopic, that was later confirmed on histopathology. At six days post operatively the patient was well and pain free and hCG had fallen to 59.

This case demonstrates the need for follow-up management where there is radiological suspicion of this rare diagnosis.

INDICATIONS FOR AND OUTCOMES OF INDUCTION OF LABOUR IN CORK UNIVERSITY MATERNITY HOSPITAL

POSTER

Michelle McCarthy[1], Nicole Connors[2], Claire McCarthy[3], Sarah Meany[1], Nóirín Russell[1]

[1]CUMH, Cork, Ireland, [2]University College Cork, Cork, Ireland, [3]University Hospital Waterford, Waterford, Ireland

Induction of labour (IOL) is common, experienced by 44% and 33% of primiparous and multiparous women respectively in CUMH. IOL can reduce intrauterine death associated with post-maturity and other risk factors[1]. CS is a key outcome measure of IOL internationally.[2]
This study aims to examine indications and delivery outcomes for IOL in CUMH.

We identified 500 consecutive IOLs between March 1st and May 15th2018. Data was obtained from computerised patient charts and analysed by SPSS-23.
IOL was categorised in six ways: fetal/placental (n=139, 27.8%), maternal medical (n=122, 24.4%), maternal characteristics (n=40, 8%), current obstetric (n=34, 6.8%), postdates (n=136, 27.1%)and social/other (n=29, 5.8%).Following IOL, CS rates were 30.6% (n=72%) in primiparous women and 8.3% (n=21) in multiparous women, compared to overall unit rates of 33.4% and 32.8% respectively. Spontaneous vaginal delivery was achieved in 33.5% (n=82) and 80.7% (n=205) of primiparous and multiparous women. CS rates in primiparous and multiparous women were 28.6% (n=18) and 7.9% (n=6) for fetal/placental, 36.4% (n=24) and 5.4% (n=3) for maternal medical, 25% (n=5) and 5% (n=1) for maternal characteristics and 29.4% (n=5) and 11.8% (n=2) for current obstetric. All primiparous social inductions (n=2) had a CS, compared to 7.4% (n=2) of their multiparous counterparts. Of postdates IOLs, 27% (n=21) of primiparous and 12% (n=7) of multiparous were delivered by CS.

IOL has implications for hospital resources and affects womens' birth experience. Through understanding the frequency and indications of IOL, we can more effectively counsel women about their potential delivery outcomes.

THE CLINICALLY SUSPICIOUS CERVIX A RETROSPECTIVE REVIEW OF COLPOSCOPY REFERRALS IN THE AFTERMATH OF THE CERVICAL CHECK CONTROVERSY

POSTER

Siobhan Moran, Venita Broderick, Molly Walsh

National Maternity Hospital, Dublin, Ireland

Background

A clinically "suspicious cervix" is a broad term used to describe any lesion of the cervix which may have neoplastic potential. In the vast majority of cases, these abnormalities are caused by benign & inflammatory conditions. In April 2018, news of the Cervical Check controversy broke, prompting a notable increase in these referrals to the colposcopy unit of the National Maternity Hospital (NMH), Dublin.

Purpose

To audit the "suspicious cervix" referrals made to NMH colposcopy over a four-month period in 2017 & to compare the figures & outcomes for the same period in 2018.

Methods

A retrospective chart review of women referred to a dedicated colposcopy unit with a clinically suspicious cervix. A review of referral letters was conducted & charts were reviewed to assess HPV status, smear results, findings/procedures at colposcopy, histology & need for further intervention.

Findings

While attendance at NMH's colposcopy unit remained largely unchanged between 2017 & 2018, there was a discernible rise in referrals made for a clinically suspicious cervix. From April-August 2017, 251 women were referred on this basis. Following news of the Cervical Check controversy, this number rose to 428 over the same period in 2018- a 70% increase on the previous year. Rates of CIN/cancer were comparable despite this.

Conclusions

The large increase in suspicious cervix referrals can be substantially attributed to the major publicity arising from the Cervical Check controversy.

LARGE CELL NEUROENDOCRINE ENDOMETRIAL CARCINOMA ALMOST UNHEARD OF

POSTER

Hannah Kaye Coyle, Fiona O'Toole, Sarah Petch, Nikita Deegan, Richard Deane

Tallaght University Hospital, Dublin, Ireland

Large cell neuroendocrine carcinoma of the endometrium is a highly rare and aggressive form of type II endometrial cancer with a poor prognosis. To date there have been less than 20 cases reported in the published literature. They comprise a tiny subset of non-estrogen dependent type II endometrial cancers and are high grade.

A 63 year old Para 3 was admitted to our unit with heavy vaginal bleeding and a large palpable pelvic mass on a background of intermittent light postmenopausal bleeding for 17 months and pressure symptoms. Transvaginal ultrasound scan showed a grossly enlarged uterus and distorted cavity with an endometrial thickness of 68.7mm, quiescent ovaries and no ascites. Cervix appeared regular and smooth. An urgent hysteroscopy and dilatation and curettage confirmed a very abnormal endometrium and a large cavity. MRI pelvis and CT TAP showed a 12cm myomatous lesion at the fundus and a more complex 12cm lobulated polypoid mass at the lower segment. Parametrial invasion was present with bilateral iliac chain and retroperitoneal lymphadenopathy. Findings were suggestive of a possible leiomyosarcoma. CT also revealed liver lesions suggestive of metastatic disease and peritoneal carcinomatosis.

Urgent histology on curettings confirmed a malignant tumour positive for the neuroendocrine markers: CD56, chromogranin, synaptophysin. Epithelial markers AE1/3 and p53 were also positive. The MIB1 proliferation index was >80%. The immunohistochemistry staining was negative for vimentin, oestrogen and progesterone receptors, PAX 8, p16 and WT1. All these features are consistent with a large cell endometrial neuroendocrine carcinoma.

LABOUR AFTER OPERATIVE VAGINAL DELIVERY OUTCOMES AND RISKS IN A SECOND PREGNANCY

POSTER

Clare O Connor, Clare Kennedy, Fionnuala Byrne, Jennifer Walsh

National Maternity Hosital, Dublin, Ireland

The aim of the study was to prospectively gather data on outcomes in a subsequent delivery after one operative vaginal delivery (OVD). Our objective was to categorize the risk of interventions and adverse outcomes in second pregnancies according to the nature of the first labour experience.

Data was gathered prospectively in 2016 on all women who delivered a second baby with a history of OVD in their first pregnancy. Data from the first and second labour was obtained.
Multiple logistic regression was used to calculate adjusted odds ratios.

There were a total of 559 deliveries in 2016 in women having their second baby with a history of OVD in their first pregnancy. There were 194(35%) forceps deliveries and 365 (65%) ventouse deliveries in the first labour. 83 experienced a PPH and 25 (4.5%) had an OASIS diagnosed. The overall institutional rate of OASIS in primiparous women in labour for the same year was 3.0% (p

439 (77.6%) women had a spontaneous vaginal delivery in their second pregnancy. 65 (11.6%) had an OVD in their second pregnancy. Institutional figures show a 5.1% OVD rate for multiparous women in labour (p

The risk of intervention and adverse outcome is increased in women with a history of OVD in their first labour, including the risk of operative vaginal delivery, OASIS and CS.

THE NATURAL HISTORY OF PRENATALLY DIAGNOSED LIFE LIMITING CONDITIONS OUTCOME DATA FROM A LARGE TERTIARY REFERRAL CENTRE

POSTER

Clare O Connor, Barbara Cathcart, Heather Hughes, Stephen Carroll, Rhona Mahony, Shane Higgins, Jennifer Walsh, Fionnuala McAuliffe, Peter McParland

National Maternity Hospital, Dublin, Ireland

The aim of the study was to prospectively gather data on the outcomes of prenatally diagnosed life limiting conditions in a large tertiary referral centre.

Data was gathered prospectively in a large tertiary referral centre in Ireland over 5 years from 2013-2017 inclusively. We defined life limiting conditions as conditions where the baby was predicted to die before or shortly after birth. Outcomes including termination of pregnancy (TOP), miscarriage, stillbirth and neonatal death were recorded.

There were a total of 44,750 deliveries in the study period. There were 1836 congenital anomalies diagnosed in the study period including 163 cases (8.8%) of life limiting conditions. Full outcome data was available in 94 cases. 63 (67%) women chose a termination of pregnancy following the diagnosis. There were 9 second trimester miscarriages (9.5%) and 11 stillbirths (11.7%). The total fetal loss rate in those that did not undergo termination was 20/31 65%. There were 10/31 (35%) neonatal deaths with only 1 baby surviving the early neonatal period.

Life limiting conditions are encountered frequently in fetal medicine. This study was based in a unit where termination of pregnancy requires travel to another jurisdiction, allowing a unique opportunity to observe the natural history of these conditions. In this study in 99% of cases babies did not survive beyond 4 weeks of life. 65% died before birth and 35% died in the early neonatal period. Accurate outcome data is beneficial when counselling those with a diagnosis of a life limiting condition.

REFERRAL TO EARLY PREGNANCY UNIT IN CORK UNIVERSITY MATERNITY HOSPITAL ARE WE OVER SCANNING

POSTER

Sunia Bringi[1], Noirin Russell[2], Dmitry Loktionov[2]

[1]Coombe Women and Maternity Hospital, Dublin, Ireland, [2]Cork University Maternity Hospital, Cork, Ireland

Miscarriage is the commonest complication of pregnancy. Occurs in 20% of pregnancies, approximately 15,000 miscarriages per annum in Ireland. Most recent rate of Ectopic pregnancy in Ireland is 14.8 per 1,000 pregnancies. Ultrasound scanning in early pregnancy units is the lead diagnostic method miscarriage & ectopic pregnancy.

Aims are to determine (i) the gestational age at ultrasound, (ii) the source and indication for referral (iii) Pregnancy outcomes

We conducted a retrospective observational study of all women, who were referred to CUMH early pregnancy Unit, for scan over a six weeks period. Data was collected from Cerner System. Data analysed by different methods.

In total 575 early pregnancy ultrasounds were performed. Of these, 38% (219) were repeat scans. The mean gestational age at ultrasound was 7+6 weeks (SD 2+5).

Primary care referrals 34.9% (201). Emergency Room referral 18.2% (104). Private consultant's rooms & private scanning centres 8.3% (45), self- referred 31.3%.not documented pathway 0.7%.

Reasons for referral bleeding 25% (144), abdominal pain 24.2% (139), history of miscarriage 29.3% (139), history of ectopic pregnancy 2.9 (14).

Diagnosis from first scan 47% (356) . Those with viable pregnancy 41.2% (237), miscarriage 14.6% (84), ectopic 1.2% (7), pregnancy of unknown location 2.3% (13) & of unknown viability 12.9% (74).

Average of 1.6 (SD +/- 0.97) repeated scans. Eventual diagnosis on repeat was miscarriage 41.6(91), viable pregnancy 18.7 %(41) & ectopic 1.4 %(3).

Early scans performed by a trained operator at an appropriate gestation allows accurate diagnosis.

Repeated scans affect women negatively, also has significant impact on ultrasound resources.

THE NATURAL HISTORY OF TRISOMY 21 OUTCOME DATA FROM A LARGE TERTIARY REFERRAL CENTRE

POSTER

Clare O Connor, Heather Hughes, Barbara Cathcart, Stephen Carroll, Rhona Mahony, Jennifer Walsh, Shane Higgins, Peter McParland, Fionnuala McAuliffe

National Maternity Hospital, Dublin, Ireland

The aim of the study was to prospectively gather data on the outcomes of prenatally diagnosed Trisomy 21 (T21) in a large tertiary referral centre. Our aim was to examine the termination rate and the rate of fetal loss in those who chose to continue.

Data was gathered prospectively in a large tertiary referral centre over 5 years from 2013-2017 inclusively. The gestation at diagnosis, associated anomalies and the nature of diagnostic tests were recorded. Outcomes including termination of pregnancy (TOP), miscarriage, stillbirth and neonatal death were recorded.

There were a total of 44,750 deliveries in the study period. There were 1836 congenital anomalies diagnosed in the study period including 165 (8.9%) cases of Trisomy 21. There was incidence therefore of 0.3% or 1 in 330 for prenatally diagnosed T21. Full outcome data was available in 112 cased. 76 (67%) women choose a termination of pregnancy following a diagnosis of T21.There were 4 second trimester miscarriages (11%) and 10 stillbirths (27%) in those that did not undergo a termination of pregnancy. The total fetal loss rate in those that did not undergo termination was 38%.

T21 is one of the most common conditions encountered in fetal medicine. In this jurisdiction termination of pregnancy requires travel abroad, leading to a lower termination rate. This allows the natural history to be observed. The risk of fetal loss in prenatally diagnosed T21 is high at 38%. This information may be of benefit when counselling those with a diagnosis of T21.

AUDIT ON POSTMENOPAUSAL BLEEDING SERVICES IN TWO CORK HOSPITALS

POSTER

Alex Dakin[1], Aenne Helps[2], Cathy Burke[1], Minna Geisler[2]

[1]Cork University Maternity Hospital, Cork, Ireland, [2]South Infirmary Victoria University Hospital, Cork, Ireland

Postmenopausal bleeding is abnormal and warrants further investigation. As per the 2016 RCPI guideline an endometrial thickness of three millimetres or more warrants further investigation by hysteroscopy and endometrial sampling. No specific timeframe is recommended for duration from referral to clinic appointment in this guideline. The NICE guideline recommends appointment within 2 weeks of referral.

Charts were reviewed of 436 patients attending the postmenopausal bleeding clinics in Cork University Maternity Hospital (CUMH) and South Infirmary Victoria University Hospital (SIVUH) from January to December 2017. Data collected included endometrial thickness, time from referral to review in clinic, histology, number of ambulatory and operative procedures.

Eighty nine (67%) patients in CUMH were seen within 8 weeks of referral and 9% of patients were waiting longer than 10 weeks - in 50% this was due to failure to attend at least scheduled appointments. In CUMH & SIVUH, 60% (260/441) of women referred with PMB underwent hysteroscopy. In CUMH, 30% of patients referred for hysteroscopy underwent an operative procedure (hysteroscopic myomectomy or endometrial polypectomy). In both units, ambulatory hysteroscopy was performed in 49% (127/260) of cases. 6.5% (17/260) of patients referred for hysteroscopy were diagnosed with endometrial carcinoma.

The aim is to see patients in clinic less than 6 weeks from referral. In CUMH, 32% (43/133) of our cohort were seen within 6 weeks, and the average waiting time was 7.5 weeks. 95% (71/75) of patients with an ET >/= 3mm were appropriately referred for hysteroscopy as per the National Guidelines.

IDENTIFYING PSYCHOLOGICAL DISTRESS AND CONTRIBUTORY FACTORS IN ANTENATAL PATIENTS REQUIRING PROLONGED HOSPITALISATION

POSTER

Emma Tuthill, Mas Mohamad, Joanna Desmond, Mendinaro Imcha

University Maternity Hospital Limerick, Limerick, Ireland

Antenatal patients requiring prolonged hospitalisation, defined as admission duration of >5 days make up approximately 10-20% of our inpatient antenatal patients.

The aim of this study was to determine patient psychological distress and contributory factors with the ultimate goal of identifying potential interventions to improve the wellbeing of antenatal patients requiring prolonged hospitalisation.

Antenatal patients hospitalised for >5 days were given the opportunity to complete a questionnaire anonymously. They were asked to rate their level of distress on the distress thermometer (scale 0-10) and indicate problems they experienced in practical, family, emotional, spiritual and physical domains. Patients were also given the opportunity to make suggestions for how we could improve their experience.

Ten patients hospitalised for five or more days took part. Average duration of admission was 21.4 days (Range 5 – 60 days). The average distress score was 3.8 (range 3-7). All 10 patients reported problems in the physical domain, with sleep being the most prevalent of these (90%). Problems in the emotional domain were also common. In terms of comments, a number of patients would like a room provided where they could spend time with their family/children away from the wards and two patients suggested implementing mindfulness classes.

In conclusion, this study has given us a valuable insight to patient experience in cases of prolonged hospitalisation. The next phase of this study plans to implement measures to reduce patient distress and strategies to address common problems encountered, particularly in the area of emotional wellbeing.

HYPOKALEMIC PERIODIC PARALYSIS; A PARALYSING DELIVERY DILEMMA, A CASE REPORT

POSTER

Shagufta Rafiq, Ann Rowan, Edward O'Donnell

Waterford University Hospital, Waterford, Ireland

Hypokalemic periodic paralysis (HPP) is a rare genetic neuromuscular disorder related to a defect in muscle ion channels characterised by episodes of painless muscle weakness precipitated by stress, heavy exercise, fasting/high carbohydrate meals.

We present a 36 year old (AA) primigravida booked in antenatal clinic at 9 weeks gestation. A detailed booking history revealed a diagnosis of HPP, made ten years previous following appendicectomy which was complicated by ICU admission with muscle paralysis and severe hypokalaemia. AA subsequently experienced intermittent episodes of muscle weakness and paralysis affecting major and minor muscle groups, generalized tiredness and fatigue. She was on lifelong oral potassium supplementation, requiring up to 200 mmol (16 tablets) of potassium chloride/bicarbonate daily. The multi-disciplinary team compiled a plan for antenatal care and delivery. AA had multiple presentations and admissions to the obstetric unit with increasing daily paralytic attacks and occasional breathing difficulties, which responded successfully to intravenous potassium supplementation.

An induction of labour was conducted at 39+1 weeks gestation with Prostaglandin E2 gel due to increasing daily paralytic attacks. Labour progressed without oxytocin and AA achieved full dilatation after 3.5 hours. In active labour, maintenance potassium chloride was administered along with early epidural anesthesia. AA had a metal cup vacuum delivery of a female infant weighing 3.4Kg in light of maternal exhaustion following a second stage of 30 minutes. She was retained for observations in the HDU for 12 hours post-delivery with maintenance KCL and discharged well day two postnatally with follow-up with her neurologist.

COMPARISON OF DINOPROSTONE SLOW RLEASE PESSARY PROPESS WITH SHORT ACTING GEL PROSTIN FOR INDUCTION OF LABOUR IN PRIMIPARUOS WOMEN WITH GDM

POSTER

Mohamed Abdelrahman[1], Jennani Magandran[1], Vineta Cipreke[2], Elmuiz Haggaz[2], Asifa Andleeb[2]

[1]RCPI, Dublin, Ireland, [2]Our Lady of Lourdes Hospital, Drogheda, Ireland

Induction of labour (IOL) affects up to 25% of all deliveries at term, however the mode of induction is generally similar between women with gestational diabetes (GD) and without. Prostaglandins play a critical role in cervical ripening by increasing inflammatory mediators in the cervix and inducing cervical remodelling. Prostaglandin E1 (PGE1) and prostaglandin E2 (PGE2) exert different effects on these processes and on myometrial contractility. These mechanistic differences may cause differing outcomes in women treated with dinoprostone, a formulation identical to endogenous PGE2, compared with misoprostol, a PGE1 analog.

This is a comparative study of outcome of induction of labour in GDM primigravidae women with repeated Prostin gel and long acting Propess vaginal inserts.

157 primigravidae women with GDM at OLOLH Drogheda were studied during the period of 1 year. A retrospective comparative study, data was obtained from an in-hospital patients record system combined with hard copy records. Data was entered on Microsoft Excel and statistically analysed on its software.

Of 157 patients,(65.5%) delivered vaginally within 30/hr of trial of labour. 23% patients delivered after induction with Prostin gel and 50.5% patients delivered after Propess induction, of whom 25% had an instrumental delivery. 35% of patients induced had LSCS, 10% following Propess and 25% Prostin gel.

Significantly for both patients and clinicians, IOL with the longer acting preparation was likely to result in a quicker delivery regardless of the mode of delivery (operative or vaginal); especially since there was an apparent difference in mode resulting in an LSCS.

UMBILICAL CORD STRICTURE CAUSING INTRAUTERINE FETAL DEATH IN A 37-WEEK FETUS

POSTER

Ekemini C Akpan, Sasikala Selvamani

Our Lady of Lourdes Hospital, Drogheda, Co. Louth, Ireland

Umbilical cord stricture is an uncommon condition where there is a sharp narrowing of the umbilical cord, this can cause significant health issues in the developing foetus including intrauterine foetal death. There is no age, sex, racial, ethnic or geographical predilection.

Currently, stricture of umbilical cord is a condition that cannot be prevented but further studies and research could help to perhaps identify risk factors and precautions to minimize future occurrence.

This is a case report of a healthy 27 year old woman, G1P0, diagnosed with intrauterine foetal death at 37-weeks gestation.

The dead female fetus with APGAR score of zero in 1 minute and 10minutes was delivered per vagina. Neither growth restriction nor anatomical abnormalities were noted. The 50.5cm long umbilical cord had 2 strictures at 20cm and 39cm from the foetus. The foetal death was thought to be due to a possible stricture in the umbilical cord.The woman's age, health and previous history showed no link with this condition.

Although the risk of recurrence is thought to be low, patients with foetal death attributed to umbilical cord stricture should be counselled. For parents who are determined to have a child and have appropriate counselling, early intervention may be the family's only chance to produce live infant. Also a sudden change in foetal activity or physiologic signs warrants consideration of this uncommon condition in all pregnancies by clinicians and pathologist.

ASPIRIN FOR OPTIMISING PREGNANCY OUTCOME IN PREGESTATIONAL DIABETES THE VALUE OF OBJECTIVE TESTING OF STUDY PARTICIPANT COMPLIANCE PILOT FOR THE IRELAND STUDY INVESTIGATING THE ROLE OF EARLY LOW DOSE ASPIRIN IN PRE EXISTING DIABETES

POSTER

Hala Abu[1,2], Ann McHugh[1,2,1], Jonathan Cowman[1,2], Rachel McDermot[1], Elizabeth Tully[1], Dermot Kenny[1], Fergal Malone[1,2], Fionnuala Breathnach[1,2]

[1]RCSI, Dublin, Ireland, [2]Rotunda Hospital, Dublin, Ireland

Pregestational diabetes mellitus (PGDM) confers a significant risk for the development of preeclampsia (20% vs 5% in the general population). Use of low dose aspirin has been suggested for the prevention of preeclampsia in this high-risk group. Yet randomised trials have yielded conflicting results. We sought to determine the feasibility of administering aspirin in women with PGDM from the first trimester of pregnancy and to objectively judge compliance through serial platelet function testing.

This is an open labelled randomised pilot study conducted in 2 large tertiary maternity units in Dublin. All women with PGDM were included. Compliance was evaluated by diary card review, pill counting and further assessed using platelet function testing.

A total of 48 women screened over six months period of those 30 (62%) were deemed eligible for entry. 23 (76%) agreed to consent for the trial and were randomised. Study participants were deemed to be fully compliant if the diary cards and pill counts indicated that less than 5% of pills had been missed, in addition to demonstration of suppression of platelet aggregation with serial (4-weekly) platelet aggregometry. This was the case for all but two participant assigned to the study drug group.

This randomised study demonstrates consistency between subjectively reported study-drug compliance and objective testing, with a high level of compliance among participants of this pilot RCT. Platelet aggregation testing is valuable in demonstrating optimal biological drug effect and could be considered as a means of assuring compliance in other aspirin studies.

SIXTY YEARS AT THE COOMBE HOSPITAL

POSTER

Gillian Corbett, Nadine Farah, Sharon Sheehan

Coombe Women and Infants University Hospital, Dublin, Ireland

Background

Ireland has changed drastically over the past 60 years and the dynamic practice of Obstetrics and Gynaecology has changed with it.

Study Design

We reviewed the Coombe's Annual Clinical Reports from the past 60 years, focusing on a three-year period within each decade. Trends in obstetric care and perinatal outcomes are reviewed.

Findings

Within the last 60 years our annual number of deliveries has risen from 3050 to 8362 and the rate of multiple births rose from 1.8% to 4.3. Our booking population has also changed since the 1960's, with the incidence of booked women under age 20 decreasing from 4.6% to 1.9%. The incidence of women over age 40 booking at the Coombe has risen (2.6% to to 6.4%). The rate of grand-multiparous booked women dropped from 10.1% to 1.3%.

Within this timeframe our induction rate rose from 8.8% to 32.1%. The rate of forceps delivery dropped from 11.3% to 5.4%, while Ventouse delivery rose from 0.6% to 9.1%. Although our Caesarian Section rate rose from 5.9% to 29.7%, the overall perinatal mortality rate dropped from 48.5 to 5.4 per 1000 live births.

Data on severe maternal morbidity, perinatal outcomes, activity in paediatric and gynaecology departments and accounts of NCHD and consultant staffing will also be included.

Conclusions

This study provides an intriguing glimpse into the changes in the practice of Obstetrics and Gynaecology over the past 60 years which makes this study an engaging oral presentation, very fitting for the Jubilee Year of the IOG

A MIXED METHODS REVIEW OF CLINICAL HANDOVER IN THE MATERNITY UNIT AT OUR LADY OF LOURDES HOSPITAL DROGHEDA

POSTER

Fionan Donohoe, Maria Farren, Vineta Ciprike

Our Lady of Lourdes Hospital, Drogheda, Ireland

Background

Clinical handover has always been of huge importance in the provision of clinical care and an area where patient risk may be encountered. Given the increase in shift patterns of working, it will become even more important into the future. At our unit, a multidisciplinary handover meeting occurs each morning with medical and midwifery representatives from all clinical areas.

Purpose of Study

It was felt by many that this meeting was not best serving its purpose. To ascertain what exactly the problems were, we decided to conduct a survey of all attendees via a mixed methods approach.

Study Design and Methods

We distributed a short survey to all usual attendees of our handover meeting. This contained two questions: 1. Do you think the handover meeting is effective? 2. Do you think it could be improved? Respondents were then given an opportunity to justify these answers in free text.

Findings

There were 24 respondents to our survey. 42% stated that the meeting was not effective, 42% felt it was somewhat effective and 16% felt it was effective. 80% of respondent felt the meeting could be improved, 16% did not respond to this question and 4% felt it could not be improved. The qualitative responses to these questions followed broad themes.

Conclusions and Programme Implications

The quantitative aspect of this short study supports the hypothesis that this meeting needs to change. Meanwhile, the qualitative aspect of it provides useful suggestions to guide the team in undertaking a further quality improvement project.

THE CURIOUS CASE OF A MYOMETRIAL CYST

POSTER

Gillian Corbett, Zibi Marchocki, Claire Thompson, Noreen Gleeson

St James's Hospital, Dublin, Ireland

Background

Benign leiomyoma is the most common pelvic tumour in premenopausal women. Fibroids can undergo degeneration that result in unusual clinical and radiological presentations. Myometrial cysts arising from diffuse hydropic degeneration of a uterine fibroid are very rare. This case of hydropic degeneration in leiomyoma resulted in atypical features mimicking a complex adnexal cyst.

Case report

A 35 year old nulliparous woman presented to the Gynaecology Outpatient department with new onset menorrhagia and pressure symptoms. Abdominal exam showed a large abdominal mass extending to the umbilicus. Ultrasound showed a complex pelvic mass with thick septations and solid components with a normal CA125 and germ cell markers. Hysteroscopy revealed some elongation of uterine cavity with normal endometrium.

Laparotomy via transverse suprapubic incision revealed normal ovaries and fallopian tubes, and a hugely expanded uterus with a multi-cystic lesion within the myometrium visible at intraoperative ultrasound. Using standard myomectomy approach, the lesion was enucleated and the myometrium was reconstituted with deep interrupted sutures and herring-bone Wong tension suture closure at myoserosa. Histopathology showed benign leiomyoma with extensive hydropic degeneration and no atypia.

Discussion

Myometrial cysts are extremely uncommon and can mimic neoplastic adnexal disease on ultrasonography. Preoperative MRI would have better demonstrated the normal adnexa separate from the uterus.

A CASE OF ESSENTIAL HYPERTENSION IN A PREGNANT WOMAN: RENAL CELL CARCINOMA THE CAUSE

POSTER

Amy Fogarty[1], Jennifer Enright [2], John Slevin [3]

[1]CUMH , Cork , Ireland, [2]CUMH, Cork, Ireland, [3]UMHL, Limerick , Ireland

There can be many causes of hypertension within pregnancy; essential hypertension, gestational hypertension and pre-eclampsia. It is important to identify the underlying aetiology in order to manage it appropriately.

We present a case of a 36 year old, G1 P0, BMI 36 otherwise well. Normal booking visit at 12/40. Attended GP at 16/40 noted to have non proteinuric hypertension (150/90). Referred into the maternity ER. Fetal wellbeing confirmed and referred to the AMU for further assessment. Renal US showed left kidney enlargement with a 5.6x5.3 cm ill-defined area containing solid & cystic components. This was further evaluated with a CT abdomen pelvis. An MDT took place where multiple options were considered. However, ultimately a robotic assisted total nephrectomy was performed. Post-op she was noted to have significant shortening of her cervical length, at which point a cerclage was placed and she was commenced on regular prolutin. Her labetalol was changed to nifedipine to avail of its tocolytic properties as well as its anti hypertensive ones. Histology showed clear cell RCC with a staging of pT3a. She underwent IOL at term and had an emergency section for NRCTG.

Clear cell RCC is the most common RCC accounting for 75-88%. However it is more commonly seen in 60-64 year olds with only 7% occurring in people <40. In the last three decades it has been noted to be occurring in younger people with most being asymptomatic at diagnosis. This case proved challenging due to the pregnancy and gestation at diagnosis.

PATTERNS OF HISTOLOGICAL SUBTYPE, TREATMENT AND SURVIVAL IN ENDOMETRIAL CANCER BASED ON AGE

POSTER

Gillian Corbett, Niamh Garry, Doireann Roche, Shannon Halpin, Claire Thompson, Feras Abu Saadeh

St James's Hospital, Gynaecology Oncology Department, Dublin, Ireland

Background

With an ageing population, there is an increasing incidence of endometrial cancer in elderly patients. The management of these patients is becoming more challenging. This study examines patterns of histological subtype, treatment and survival with endometrial cancer based on age.

Methods

We included all patients diagnosed with endometrial cancer in a tertiary gynaecological oncology centre over a ten-year period (2006 to 2015). Patients were stratified by age (age 39 and under, age 40-49, age 50-59, 60-69, 70-79 and over 80 years). Trends in histological subtypes, stage at diagnosis and treatment approach were reviewed. Primary endpoints were overall survival and disease-free survival.

Results

Overall 814 patients were included. On interim analysis of all patients over age 70 (70-79 group, n=185 and and over age 80, n=60), 47% of patients over 80 had non-endometrioid carcinoma vs 35% in the 70-79 group. 68% of the group over 80 received curative treatment, 15% received palliative treatment and 19% received best supportive care, versus 88%, 9% and 3% in the 70-79 group respectively. Patients over 80 had lower relapse rate (12% vs 9%) but shorter disease-survival (19 months vs 32 months). Patients over 80 had higher mortality (53% vs 29%) with shorter survival (20 months vs 25 months).

Conclusions

Patients over 80 were more likely to have non-endometrioid endometrial carcinoma and more likely to receive palliative care. Although incidence of recurrence is lower in the older group, they had shorter disease free survival, a higher overall mortality rate and a lower overall survival.

THE COMPLETED AUDIT OF UNIVERSITY MATERNITY HOSPITAL LIMERICK S PERINATAL MENTAL HEALTH REFERRAL PATHWAYS

POSTER

David J Rooney[1], Gabriela McMahon[2], Jasmeet Kumari[2], Mas Mahady Mohamed[2], Mendinaro Imcha[2]

[1]Mayo University Hospital, Castlebar, Ireland, [2]University Maternity Hospital Limerick, Limerick, Ireland

In July 2018 University Maternity Hospital Limerick (UMHL) Implemented a Perinatal Mental Health Service (PMHS). This was established in response to the UK Confidential Enquiry into Maternal Deaths 2015 which highlighted psychiatric illness as the fifth most common cause of maternal death. To reduce morbidity and mortality from psychiatric illness the Royal College of Obstetricians and Gynaecologists (RCOG) recommended defined referral pathways from maternity to local mental health services (LMHS), alongside training in perinatal mental health for maternity staff.

The aim of this audit was to assess knowledge of referral pathways from UMHL to LMHS and to assess levels of training before and after the establishment of the new PMHS.

An anonymous 6 part questionnaire was circulated to medical and midwifery staff.

Of eighteen doctors and thirty-two midwives that responded (n = 50), 86% were aware of referral pathways compared to 43.6% two years previously ($p < 0.001$). 74% knew how to access LMHS compared to 52.7% previously ($p = 0.020$). 28% received training in PMHS compared to 14.6% previously ($p=0.83$). 26% received training in methods for assessing patients with mental health issues compared to 14.6% previously ($p = 0.110$). 42% received training on how to access referral routes compared to 3.6% previously ($p < 0.001$).

Since introducing the PMHS in UMHL there has been a significant increase in staff training and awareness of referral pathways, in line with suggestions from the RCOG.

CLINICAL AUDIT COMPARING THE RATE OF CAESAREAN SECTIONS IN MIDLAND REGIONAL HOSPITAL MULLINGAR TO THE WHO RECOMMENDED RATE FOR JULY 2018

POSTER

Rebecca Grimes

Hospital, Regional Hospital Mullingar, Mullingar, Ireland

The WHO states the optimum caesarean section (CS) rate is 10-15%. Current CS rates are experiencing a global surge and considered a public health concern. Whilst CS is an indispensable component of comprehensive obstetric management for decreasing both maternal and neonatal mortality, it is not devoid of risk.

In this audit I aimed to, ascertain the contribution of specific obstetric patient populations to the CS rate and propose changes to optimise patient care.

I carried out a retrospective audit of all deliveries in MRHM in July 2018, analysing data using the global standard, Ten-Group Robson classification. Patients were categorised into groups based upon six obstetric variables: parity; previous CS; onset of labour; number of foetuses; gestational age and; foetal lie & presentation.

In total 170 women gave birth at MRHM in July 2018, 60 had CS giving a total CS rate of 35.3%. The largest contributor was women with previous CS, comprising 18.8% of the overall 35.3%, the CS rate in this group was 88.9% (32/36 women). The second largest contributor was singleton nulliparous women with cephalic presentation at term which accounted for 9.4% of the total CS rate. The CS rate was 100% in both the nulliparous and multiparous breech groups.

To reduce the rates of CS, I suggest the avoidance of clinically unwarranted primary CS, through additional protocols optimising patient education on VBAC. Further audits should be conducted and consideration should also be given to offering the woman with a breech presentation an external cephalic version.

BLOOD TRANSFUSIONS ASSOCIATED WITH POST PARTUM HAEMORRHAGE IN A TERTIARY MATERNITY HOSPITAL

POSTER

Emma Tuthill, Paul Corcoran, Joye McKernan, Richard Greene

Cork University Maternity Hospital, Cork, Ireland

Postpartum haemorrhage (PPH) remains a worldwide leading cause of maternal morbidity and mortality. The international Postpartum Haemorrhage Collaborative Group have recommended specific attention be given to PPH due to uterine atony and subsequent blood transfusion. According to the Irish Maternity Indicator System (IMIS) report 2017 the rate of blood transfusion for CUMH was 36.0 per 1,000 maternities compared to the national rate of 25.6 per 1,000 maternities.[1]

This study aimed to identify factors related to blood transfusion in cases of PPH and identify potential strategies to reduce the rate of blood transfusion in CUMH.

With ethical approval, blood bank data was used to identify patients who received postpartum blood transfusion. The e-chart was used to collect data including patient demographics, mode of delivery, pre-delivery, pre-transfusion and post-transfusion haemoglobin, cause of PPH, and blood products administered.

Two-hundred-and-sixty obstetric patients received blood transfusions in 2017 and of these, 86.9% were related to PPH. Underestimation of blood loss was prevalent, indicated by the difference in pre-delivery and pre-transfusion haemoglobin level. This may explain why the rate of blood transfusion is high relative to the incidence of PPH. Recording of estimated blood loss in the e-chart was inconsistent.

In conclusion, this study identified factors associated with blood transfusion in cases of postpartum haemorrhage and highlighted inaccurate and inconsistent estimation of blood loss indicating further training may be valuable.

[1]National Women and Infants Health Programme and Clinical Programme for Obstetrics and Gynaecology,2018, Irish Maternity Indicator System Report. Dublin.

OVULATION INDUCTION: COMPARING SUCCESS RATES IN ANOVULATORY AND OVULATORY PATIENTS AND IDENTIFYING THE BEST PROTOCOL TO DO SO. A PROSPECTIVE, OBSERVATIONAL STUDY.

POSTER

Oladayo Oduola, Gillian Ryan, Etimbuk Umana, Una Conway, Nikhil Purandare

Galway University Hospital, Galway, Ireland

Background

The issues surrounding subfertility are multiple and complex and can be particularly challenging when couples are faced with a diagnosis of unexplained subfertility.

Aim

The aim of our study was to assess the clinical pregnancy rates in women undergoing ovulation induction (OI) and compare between 2 groups: 1.Anovulatory and 2. Ovulatory (unexplained subfertility).

Method

This was a prospective observational cohort study conducted over a 6-month period, in Galway Fertility Clinic, with ethical approval. Patients undergoing OI with Timed Sexual Intercourse (TSI) or Intrauterine Insemination (IUI), were recruited consecutively during the observed period. The endpoint was to assess the difference in the clinical pregnancy rates between the above clinical groups (ovulatory and anovulatory).

Results

One hundred and ninety-seven women were included in the study, and a total 354 cycles of OI were performed; anovulatory n= 165; ovulatory n= 189.

The main result obtained showed an overall higher clinical pregnancy rate in the anovulatory subfertility group was 18% (n=29) compared to a 10% (n=19) clinical pregnancy rate in the unexplained subfertility group ($P<0.04$)

Conclusion

Patients with unexplained subfertility could consider OI in up to 3 cycles with a 10% chance of clinical pregnancy before progressing to more costly and invasive vitro fertilization (IVF).

A HEART-BREAKING LIE (-OMA)

POSTER

Gillian Corbett, Catherine O'Gorman, Waseem Kamran

Gynaecology Oncology Department, St James's Hospital, Dublin, Ireland

Background

Uterine leiomyoma is the most common pelvic tumour in women. However intra-venous extension of the leiomyomatous process is extremely rare. This is the first reported case of intraoperative embolism of tumour to the right atrium.

Case

A 42 year old woman presented with a two-year history of abdominal distension and cyclical bloating and urinary retention. Preoperative imaging showed a large multi-lobulated abdominal mass arising from the uterus. The patient progressed to midline laparotomy revealing a large uterine mass adherent to left pelvic side wall and bladder and engorgement of both ovarian pedicles with intravascular extension of tumour. Hysterectomy and bilateral salpingo-oophrectomy was performed. After removal of the large specimen from the pelvis, the patient desaturated and became profoundly hypotensive. Trans-esophageal echocardiography showed a large atrial mass extending from the Inferior Vena Cava (IVC). Midline Sternotomy under Cardiac Bypass was performed, retrieving a worm-like fibrous mass from the right atrium (RA).
Histopathology showed uterine leiomyoma with intravenous leiomyatosis of the ovarian vessels and a bland spindle cell right atrial tumour matching the hysterectomy specimen.

Discussion

Intravenous leiomyomatosis is a rare variant of uterine leiomyoma. We describe the first case of intra-operative embolism of tumour from pelvic vasculature to the right atrium on decompression of pelvic veins at hysterectomy. Our case is beautifully demonstrated through impressive photographs and videography of the ECHO findings and findings at midline sternotomy, making it perfect for an oral case presentation at the JOGS meeting.

TENSION-FREE VAGINAL TAPE (TVT) / TRANS OBTURATOR TAPE (TOT) INSERTION FOR MANAGEMENT OF STRESS URINARY INCONTINENCE – A PILOT REVIEW OF CASES AND OUTCOMES

POSTER

Augustine Ganda

Wexford General Hospital, Wexford Town, Ireland

Background

Stress urinary incontinence (SUI) affects 4 – 35% of women. [1,2] It usually occurs in women when increases in the intrabdominal pressure, which exceeds urethral closure pressure, results in the involuntary leakage of urine. These women may experience leakage of urine with coughing, sneezing or on exertion. All patients had urodynamics study. Conservative measures were offered in all instances.

Objective

To retrospectively review the outcomes of TVT/TOT procedures in patients with Stress Urinary Incontinence and a stable bladder.

Method

A pilot review of 17 records of patients who underwent TVT/TOT was carried out through random chart selection. Charts reviewed were from January 2016 to September 2018.

Results

11/17 (64.7%) of patients undergoing the procedure had symptom relief and were happy with the results of the surgery at subsequent follow up. This reflects early symptom relief. 3/17 (17.6%) of patients had a revision of TVT/TOT done. 1/17 (5.88%) had a repeat procedure done. This patient was symptom-free at early follow up. 2/17 (11.76%) had partial clipping of the extruded portion of the tape with satisfactory results at early follow up.

The patients that had clipping done were due to significant difficulties with sexual intercourse. A patient had recurrent UTI. Another had groin pains.

Conclusions

Short term success of TVT/TOT are high with a small failure rate

WHAT DETERMINES THE MATERNAL GUT MICROBIOME IN EARLY PREGNANCY

POSTER

Rebecca Moore[1,2], Calum Walsh[3], Conor Feehily[3], Aisling Geraghty[1,2], Elaine Lawton[3], Paul Cotter[3,4], Fionnuala McAuliffe[1,2]

[1]UCD Perinatal Research Centre, Dublin, Ireland, [2]National Maternity Hospital, Dublin, Ireland, [3]Teagasc Food Research Centre, Cork, Ireland, [4]APC Microbiome Ireland, Cork, Ireland

A mother's health before, during, and after pregnancy is crucial in determining the ultimate health outcome of the newborn. The maternal gut microbiome is thought to influence the colonisation of the infant gut and thus, understanding the factors that affect it may provide an opportunity to optimise this crucial developmental step.

One hundred and seventeen women were recruited in early pregnancy. Baseline demographic details were recorded. Microbial data were extracted from stool samples and subjected to metagenomic shotgun sequencing. Whole metagenome sequencing was performed on an Illumina NextSeq 500. Taxonomic profiling was performed using MetaPhlAn2 and all downstream analyses were performed in R using the vegan, psych and compare Groups packages. Pairwise Pearson correlations were performed and beta-diversity was calculated using Bray-Curtis dissimilarity and PCoA. $P < 0.05$ was considered significant following Benjimani-Hochberg FDR correction.

The mean age of participants was 33 years and the mean body mass index (BMI) was 24.7kg/m^2. 69 of the participants were nulliparous. 12 women reported antibiotic usage. A more diverse microbiome was seen in multiparous women and a less diverse microbiome was seen in those with a BMI ≥30kg/m^2. Antibiotic usage caused a decrease in Shannon and Simpson diversity but no overall change in the observed species.

Our results are in keeping with previous studies that indicate a less diverse microbiome with increasing BMI. The microbiome appears more diverse with increasing family size. This may be due to a more bio-diverse environment with horizontal transfer of microbes among family members.

AN AUDIT ON THE LAYOUT OF ELECTRONIC PATIENT RECORDS TO IMPROVE MULTIDISCIPLINARY COMMUNICATIONS

POSTER

Ciaran Mc Keown, Zibi Marchocki, Keelin O'Donoghue

Cork University Maternity Hospital, Cork, Ireland

Background

Electronic patient records have been shown to improve communication within multidisciplinary teams.[1] Ineffective communication is a leading cause of medical errors and adverse patient outcomes.[2] Electronic records were introduced in Cork University Maternity Hospital (CUMH) in December 2016. The layout of the antenatal maternity view section can be changed, depending on personal preference. In CUMH, key details including risk factors, antenatal and delivery plans, are typically recorded by doctors in the "pregnancy to do" and "comments" section of the chart.

Aim

To determine the layout of the maternity view in the electronic charts of staff working in CUMH.

Methods

The maternity view layout of 71 staff members were reviewed and the first four sections at the top were recorded. Additionally, staff were asked if they knew how to change the chart's layout.

Results

The layout of 71 staff member's charts were reviewed (42 midwives/29 doctors). The most commonly encountered section within the top four was "pregnancy overview" for midwives (n=41,98%) and doctors (n=26,90%). While the majority of doctors (n=25,86%) had "pregnancy to do" within their top four sections, this was only the case for 2 midwives (5%). Overall, only 48% (n=34) knew how to change the chart layout (midwives,n=12,29%;doctors,n=22,76%).

Conclusion

Emphasizing the placement of "pregnancy to do" towards the top of the maternity view in the electronic chart may help improve communication and minimise the risk of key patient information being overlooked. This could be achieved through further training on the use of the electronic record.

SERTOLI-LEYDIG TUMOURS: TWO CASES ILLUSTRATING VARIETY IN PRESENTATION, HISTOLOGICAL SUBTYPES AND MANAGEMENT STRATEGIES

POSTER

Michelle Mc Carthy, John Coulter

CUMH, Cork, Ireland

Sertoli-Leydig tumours are rare androgenising sex-chord stromal tumours, representing less than 0.5% of ovarian neoplasms.

We present two cases; 20-year-old AB, and 17-year-old CD, who had surgical management of Sertoli-Leydig tumours in our unit.

AB, a patient with known polycystic ovarian syndrome (PCOS), was referred by endocrinology due to increasing virilisation and markedly elevated serum androgens (Testosterone 7.3ng/mL, and Androstenedione 9.6). MRI showed a solid 3cm right ovarian lesion. Following cystectomy via mini-laparotomy, histology reported a well-differentiated Sertoli-Leydig cell tumour. She remains well eight months post-operatively with normal serum androgen levels.

CD presented with abdominal pain and androgenisation. MRI showed a 5.9cm solid right adnexal mass. Clinically there was suspicion of androgenisation, with elevated serum testosterone (9.96ng/mL) and free androgen (58.9ng/mL). Laparoscopic right ovarian cystectomy was performed. There was clinical suspicion of residual disease, which was confirmed on histology, which reported Sertoli-Leydig tumour with heterologous elements of intermediate differentiation. Following multidisciplinary discussion, and staging CT, CD underwent salpingo-oophrectomy with omental and peritoneal biopsy, both of which were normal. She remains well six months post-operatively.

As in these cases, presentations are typically 2ndand 3rd decades of life with non-specific symptoms due to abdominal mass or specific symptoms of virilisation. AB illustrates the importance of seeking a secondary diagnosis when the serum androgens are beyond that expected in PCOS. The most important prognostic indicator is degree of differentiation; well-differentiated tumours are typically benign, with 11% of intermediately differentiated tumours being malignant, requiring individualised treatment. Surgery is the mainstay of treatment.

MORBIDITIES IN EMERGENCY VERSUS ELECTIVE DELIVERY IN WOMEN WITH THREE OR MORE CESAREAN DELIVERIES

POSTER

Roisin Ryan[1], Nicholas Kruseman[2], Fergal Malone[2], Michael Geary[2], Mark Hehir[2]

[1]St Lukes Hospital Kilkenny, Kilkenny, Ireland, [2]Rotunda Hospital, Dublin, Ireland

The frequency of women presenting for antenatal care with three or more previous cesarean deliveries (CD) is increasing and provides challenges regarding timing of subsequent delivery due to concern of intraoperative morbidity.

This was a retrospective cohort study of 281 women with three or more CDs at a tertiary university maternity center. The primary exposure was CD category (elective or emergent). Outcomes included maternal blood loss, cesarean hysterectomy and neonatal ICU admission.

Women with three or more previous CDs made up 0.7% (281/43047) of the overall obstetric population between 2012-2016. 20% (59/281) of the cohort required an emergency unplanned CD. There were no differences in maternal demographics or baseline characteristics between those who underwent elective or emergency CD. 27 (45%) of emergency deliveries occurred between 20.00 – 08.00. Those who required an emergency CD had an increased blood loss compared to those delivered electively (847 ml vs. 652 ml, p=0.018). There were 5 cesarean hysterectomies performed in total in the study cohort, with a risk of 5% (3/59) in the emergency CD group and 0.9% (2/222) in the elective CD group (χ=2.58, p=0.10).

A significant proportion of women with three or more previous cesarean deliveries will require emergency delivery, many of which occur during nightime hours. Those who require emergency delivery have an increased risk of blood loss and a risk of peripartum hysterectomy of 5%. These data suggest timing of delivery decision making should consider the risk of maternal morbidy associated with emergency delivery.

INDUCTION OF LABOUR - A GUH'S EXPERIENCES

POSTER

Oladayo Oduola, Olu Ayodeji, Mark Dempsey, Tom O'Gorman

Galway University Hospital, Galway, Ireland

Induction of labour is generally used to intervene in a pregnancy when the risks of continuing the pregnancy outweigh that of intervention. It is an area of maternity service that sometimes isn't prioritized well and this may result in poor patient experience and protracted delays.

Aim

We aim to report the time frame that most babies were delivered following induction of labour (either using Prostin, ARM or Oxytocin) that should have commenced at 8am as per local protocol.

Method

This was a prospective observational study in GUH. We recruited all the patient undergoing induction of labour in our unit from November 2017-January 2018, including those would require Prostin gel, ARM (artificial rupture of membrane) or oxytocin for augmentation of labour and excluding all spontaneous onset of labour.

Result

Sixty-two women were induced during 3 month period, 37 primi and 25 muti(Para1-6)
13 patients (21%) delivered between the hours of MN and 8am, 17(27%) delivered between 8am and 5pm while 32(52%) delivered between 5pm and Midnight.
We found that the 3 babies were transfer to NICU, 1 baby had a low PH.
There was 28 SVD, 22 instrumental delivery and 12 lscs.

Conclusion

73% delivered out of hours (5pm to 8am). Presently Consultant presence on LW (8am - 5pm) is minimum to 2 days a week. Furthermore, it would be beneficial to have majority of the delivery while there is consultant present, and this could be addressed by changing the time of induction.

INITIAL EVALUATION OF WOMEN AT RISK OF MISCARRIAGE OR ECTOPIC PREGNANCY IN A TERTIARY CENTRE FOR MATERNAL MEDICINE

POSTER

Lisa O Sullivan, Anitha Baby, Nita Adnan

The National Maternity Hospital, Dublin, Ireland

Miscarriage is the most common complication of pregnancy in the first trimester occurring in up to 20 percent of all pregnancies. While ectopic pregnancy is far less common, it remains the leading cause of maternal mortality in the first trimester. With this in mind, it is important to look at current practice in approaching these diagnoses and observe if improvements can be made.

A study to analyse current practice in the National Maternity Hospital with regards to the assessment of women who are at risk of either miscarriage or ectopic pregnancy and compare this with national and European guidelines.

A retrospective audit including women who presented to the emergency department in the NMH during the month of February 2018 with a presenting complaint of vaginal bleeding, abdominal pain or history of ectopic pregnancy presenting between four and ten weeks gestation.

The majority of women in this study had an ultrasound scan and β-HCG measurement as part of their initial assessment. Follow-up β-HCG measurement was used appropriately however, follow-up ultrasound was not always arranged in an appropriate time frame resulting in multiple ultrasound scans that were unnecessary. Results from this audit have highlighted aspects of practice in the NMH that are in accordance with current guidelines in management of miscarriage and ectopic pregnancy as well as areas where these is potential to improve, particularly in arranging follow-up ultrasound scan.

OUTCOMES OF MEDICAL MANAGEMENT OF FIRST TRIMESTER MISCARRIAGE

POSTER

Somaia Elsayed, Mei Yee Ng, Nadine Farah, Mery Anglim

The Coombe Women and Infants University Hospital, Dublin, Ireland

The incidence of clinically recognized miscarriage remains around 10–20%. Traditionally, surgical curettage was the gold standard for the management of miscarriage. The introduction of medical management has increased options of management of this common condition.

This was a prospective cohort study looking at the outcomes and predictors of success of medical management of first trimester miscarriage.

Women were recruited from October 2015-October 2016 from the Early Pregnancy Unit at the Coombe hospital. Options of management were discussed following diagnosis of miscarriage and participation was offered if the woman opted for medical management. Initial follow-up was offered 10-14 days following oral intake of misoprostol (1200mcg divided over 2 doses).

There were 79 women recruited. Average age was 34 years (range 21-46). Most women were Caucasians (81%), employed (72%), had BMI less than 30 (91%) and conceived spontaneously(92%). The most common presenting complaints were bleeding (47%) and non-viable dating scan(38%). 64% of women were multiparous and 27% had at least one previous miscarriage. The gestation at presentation ranged from 6+4 to 10+2 weeks. The overall success of the treatment was 75% with 60% successful at the first follow-up visit. Potential factors influencing success were investigated including demographics (age, parity, BMI), ultrasound findings and blood markers (progesterone and bHCG).

Medical management of miscarriage is a safe and effective means of miscarriage management. It is an alternative technique that complements but does not replace surgical management. Its availability has led to an improvement in choice for women who miscarry.

VOIDING DIFFICULTIES POST GYNAECOLOGICAL SURGERY A 10 YEAR REVIEW 2007 2017

POSTER

Niamh Keating, Linda Kelly, Gerry Agnew, Declan Keane

National Maternity Hospital, DUBLIN, Ireland

Introduction

Post operative urinary retention (POUR) is a recognized complication of surgery and anaesethesia. A number of risk factors have been identified including the type of surgery, co morbidities including diabetes and multiple sclerosis, duration of surgery, use of anticholinergics perioperatively. The risk of post op urinary retention in the general surgical population is around 3.8%. Rates of urinary retention in gynaeolocy for continence and prolapse procedures range from 2.4-24%.

Methods

We performed a retrospective chart review of all patients who developed urinary retention post gynaecological surgery from the years 2007 to 2017. We looked at age of the patient, type of procedure, type of anaesthetic, method of management, length of follow up. We also used our figures to calculate the local rate of urinary retention for vaginal hysterectomy, vaginal repair, intravesical botox injection and TOT/TVT.

Findings

64 patients were identified from annual records kept in the department. 15 patients were managed with supra pubic catheter (SPC) and 49 with intermittent self catheterisation (ISC). SPC has not been used since 2012 and ISC is now first line. Urogynaecological procedures account for the majority of POUR in gynaecological patients. More results to follow.

Conclusion

Our results demonstrate how the management of POUR has changed. Intermittent self catheterization has replaced the use of suprapubic catheters. The rates of voiding difficulty post operatively can help in the counseling of patients about their risk when consenting for surgery.

CATEGORY 1 CAESAREAN SECTION AND DECISION TO DELIVERY INTERVAL – ARE WE ON TARGET?

POSTER

Zahrah Elsafty, Teresa Tracy, Sandhya Babu, Francois Gardeil

Wexford General Hospital, Wexford, Ireland

NICE recommends a decision to delivery interval (DDI) of 30 minutes for category 1 caesarean sections (CS). This audit was performed to assess compliance with these target times in a rural Irish maternity unit.

Data was collected retrospectively using theatre registers to identify women who underwent category 1 CS over a 6 month period in 2018. Charts were then reviewed to collect data.

166 women underwent emergency CS. Of these, 9.6% (N= 16) were category 1 CS. Categorisation was clearly documented in 81% (13) of cases and indication in 93% (15) of cases.

68.7% (11) underwent general anaesthetic (GA). 27% (3) of these were converted from regional anaesthesia (RA) to GA. 25% (4) had top up of epidural and 6.2% (1) had spinal.

81% (13) were performed within 30minutes. The mean DDI was 22.9minutes. Mean DDI for those who underwent GA was 20.8minutes. The mean DDI for epidural top up was 19.7 minutes. The mean DDI was 30.7minutes for cases converted from RA to GA.

Fetal arteral pH was low (<7.20) in 43% (7). Apgars were normal in 56%(9) and overall there was no correlation between low pH and low apgar's. 83% of those with a low pH had normal apgars. There was no difference in pH's between those who underwent GA vs RA.

Compliance with the recommended target times for cat1 CS in our unit was excellent. The majority were performed under GA however there was no evidence that this shortened DDIs or improved perinatal outcome.

A PROSPECTIVE COHORT STUDY COST ANALYSIS OF PESSARY INSERTION FOR PELVIC ORGAN PROLAPSE IN A TERTIARY REFERRAL GYNAECOLOGY CENTRE

POSTER

Naomi Beard[1], Eibhlín F. Healy[2], Teresa Treacy[2], Cliona Murphy[2]

[1]Saint James' Hospital, Dublin, Ireland, [2]Tallaght Hospital, Dublin, Ireland

Vaginal pessaries are the mainstay of management of pelvic organ prolapse with up to 77% of clinicians using them in the first instance[1]. Scant evidence exists defining the most appropriate initial point of contact for pessary assessment/insertion or the recommended clinician for subsequent follow-up.

Primarily, we aimed to assess the grade of the assessing doctor, duration of clinic visits and duration of attendance. Secondary outcomes included type of pessary, frequency of attendance and living-distance from the hospital.

Data from this prospective clinician questionnaire and audit of pessary insertion were analysed using Excel. Questionnaires were distributed at the commencement of the visit and subsequently timed by the clinic nurse. Anonymised patient demographics were gathered from chart review. Crude cost analyses were drawn from cost of pessary and published payscales via the HSE[2].

Data from 57 pessary insertions were compiled over a two month period. The majority of pessaries were inserted by junior staff (n=42), including seven independently fitted by GP-SHOs. Mean duration of clinic appointments was 18.48 minutes. Mean duration of attendance was 55.8 months. 49 ring pessaries and eight shelf pessaries were used with a total cost of €1935, with medical staff salary costs of €573.46.

Junior staff are managing the majority of pessaries with prolonged visit times for return patients. We advocate an in-depth health economics analysis of pessary insertion to support the relocation of assessment and long-term management to community gynaecology/general practice, ameliorating continuity of care, reducing cost and cutting waiting lists in tertiary referral centres.

TO INTERPRET CTG BASED ON FETAL PHYSIOLOGY AND PATHOPHYSIOLOGY RATHER THAN PATTERN RECOGNITION TO IDENTIFY FETUS WHO IS HYPOXIC AND NEEDS DELIVERY BY EXPEDIATING CAESAREAN SECTION OR INSTRUMENTAL DELIVERY AND ABANDONING THE USE OF FETAL BLOOD SAMPLING

POSTER

Sara Ahmed, Mendinaro Imcha

University Maternity Hospital Limeirck, Limerick, Ireland

With indepth understanding and applying fetal physiology for the interpretation of CTG we expect to see a reduction in unnecessary intervention as well as a reduction in fetal hypoxic neurological injury,stillbirth and early neonatal death.

The CTG masterclass which is based on clinical evidence and FIGO guidelines was made mandatory for all the Consultants, NCHDs and the midwifes working in University Maternity Hospital Limerick. The main purpose was to reduce HIE by CTG interpretation depending on the clinical situation of the patient in labour and to encompass a pathophysiological approach to explain how a fetus defends itself against intrapartum hypoxic ischaemic insults and highlight the signs that suggest progressive loss of compensation.

From May 2016 all patients in our labour ward were assessed on individual risk factors and fetal physiology and pathophysiological aspects of CTG. In one year our overall C section rate slightly increased from 34.6 to 34.8% ,operative vaginal delivery rate decreased from 17.5% to 16.9%.No Fetal blood sampling is performed since March 2017. Our HIE rate is 0.7/1000 which is significantly less than the national rate.

NICE guidelines have started quoting the fetal physiological aspect of CTG interpretation rather than pattern recognization. The indepth knowledge of same can abandon the use of Fetal Blood Sampling and unnecessary interventions in labour. The main purpose is to reduce fetal morbidity and mortality.

INDUCTION OF LABOUR IN PATIENTS WITH GESTATIONAL DIABETES REQUIRING INSULIN

POSTER

Maria Cheung

Wexford General Hospital, Wexford, Ireland

Background

Gestational diabetes mellitus (GDM) affects 12% of pregnancies and is associated with many serious maternal and fetal complications. Of particular importance in terms of delivery planning are the increased risks of macrosomia, shoulder dystocia and intrauterine death (IUD). There is no applicable national guideline and local guidelines recommend that spontaneous labour can be awaited between 39 and 40 weeks gestation, but no later than 40+6 weeks. However, these guidelines do not distinguish between diet-controlled GDM and GDM requiring insulin therapy.

Aim

The aim of this study was to audit the intrapartum management of GDM patients requiring insulin, particularly induction of labour (IOL), rates of complications and success of induction.

Methods

This retrospective study included all deliveries of gestational diabetic patients requiring insulin therapy, over a three month period in Wexford General Hospital. 21 eligible patients were included and labour details collected by chart review.

Results

95% of patients had IOL planned for 39-40 weeks. Only 48% of patients were induced as planned and 52% presented in spontaneous labour.

Of induced patients, 100% had a normal vaginal delivery with no postpartum complications and no post-partum haemorrhage (PPH). Of non-induced patients, 5% had instrumental delivery, 10% had a Caesarean section (one elective, one emergency) and 10% suffered a PPH.

Discussion

IOL is associated with an increased risk of intrapartum complications and need for instrumental delivery and Caesarean section. However in the setting of GDM requiring insulin, successful labour and delivery can be achieved and hyperglycaemic fetal complications avoided using appropriate IOL.

EXAMINING THE EFFECTS OF A PATIENT S AGE CANCER HISTOLOGICAL SUBTYPE AND FIGO STAGE OF NEWLY CERVICAL CANCER ON THE TREATMENT STRATEGIES DISEASE FREE SURVIVAL AND OVERALL SURVIVAL

POSTER

Niamh Garry, Gillian Corbett, Maryanne Breen, Elzarah Ibrahim, Claire Thompson, Feras Abu Saadeh

SJH, Dublin, Ireland

Background

Cervical Cancer is the fourth most common cancer in women worldwide. The rates of have fallen in the developed world largely due to screening programmes allowing for diagnosis and treatment of pre-cancerous changes. Screening is generally offered from 25-60 years. There is still a significant number of elderly women diagnosed with cervical cancer who can present with advanced disease.

Purpose of Study

Our aim was to evaluate the histological pattern, treatment strategies and the survival of all patients diagnosed with cervical cancer in St James' Hospital, Dublin over a 10 year period (2006 to 2015).

Design and Methods

609 women were included. Electronic medical records were reviewed with regard to predetermined variables.

Findings

19% were aged 60 and above and 81% of women were aged under 60 years, 2% of whom were <25 years. The most frequent stage at diagnosis was FIGO IB1, IIIB was most common >60. 54% were treated with chemo radiation only, 79 patients underwent Laparoscopic Radical Hysterectomy (RA), 15 of those were aged 60. 37% (n=29) who underwent a RA required adjuvant treatment. 116 patients underwent Open RH with 37 requiring adjuvant treatment. 121 women were diagnosed within 5 years of the study date and were alive at last follow up (F/U) and 5 year survival was unknown in 47. 5 year survival was 60% in those with complete F/U.

Conclusion

We detected significant differences in staging at diagnosis, our treatment strategies and the survival outcomes with respect to age.

A RETROSPECTIVE REVIEW INTO THE MANAGEMENT OF PLACENTA ACCRETA IN THE COOMBE HOSPITAL OVER A 5 YEAR PERIOD

POSTER

Niamh Garry, Davor Zibar, Sayeda Farah Nazir, Sean Daly

CWIUH, Dublin, Ireland

Background

Placenta accreta is a spectrum of disorders describing an abnormally adherent placenta into the myometrium which at separation, can lead to increased maternal morbidity. RCOG guidelines advise antenatal ultrasound (US) and Magnetic Resonance Imaging in its diagnosis

Purpose of Study

To retrospectively assess the management and outcomes of women with suspected abnormally invasive placenta in The Coombe Hospital over a 5 year period.

Study Design and Methods

The Medical Charts of patients with a diagnosis of morbidly adherent placenta were reviewed.

Findings

On Antenatal US, Placenta Praevia was suspected in all patients and abnormal adherence was suspected in 57.14%. Antenatal US correctly predicted 92% of abnormal adherence. Previous LSCS was documented in 90% of women, with an average of 1.76 LSCS per women. Two women had previous myomectomy. One had uterine artery embolization. Three women had previous of uterine instrumentation in the form of ERPC and uterine manipulation at laparoscopy. 57% were delivered as planned with 33% undergoing emergency LSCS. Greater than a 2L blood loss was documented in 86% of women and 86% received a transfusion. 57% of women had a caesarean hysterectomy. 11 underwent a hysterectomy at the time of LSCS and 1 woman had a return to theatre for completion hysterectomy. Two women had bladder injury. No maternal mortality was documented. All women were discharged well at an average of 7.57 days post partum.

Conclusion

There is no national guideline concerning the management of abnormally adherent placenta. Antenatal suspicion, operative planning and informed patient discussion.

PELVIC INFLAMMATORY DISEASE AND AN UNUSUAL CAUSE OF HYDRONEPHROSIS

POSTER

Aisling Redmond, Aoife McSweeney

St. Vincent's University Hospital, Dublin, Ireland

Xanthogranulomatous oophoritis is a rare inflammatory condition of the ovaries. We are reporting a case of a 48-year old woman who presented with a 6 month history of persistent fevers and recurrent urosepsis and pyelonephritis refractory to IV gentamicin and meropenem. On admission she underwent percutaneous nephrostomy for due to left sided hydroureter and hydronephrosis diagnosed by CT-KUB. Her temperature returned to normal within 24 hours of nephrostomy insertion. CT had also demonstrated a suspicious left sided adnexal mass. An MRI to further evaluate this reveled an unusual appearance of a large complex left adnexal mass displaying diffusion restriction. Of note, on review of her mid stream urine cultures from the prior 6 months , there had never been a confirmed bacterial growth. Tumour markers were normal. Diagnostic laporoscopy confirmed the presence of a large left sided adnexal mass that was adherent to the pelvic side wall. With the inability to rule out malignancy, a total abdominal hysterectomy and bilateral salpingoophorectomy was performed after which a histological diagnosis of xanthogranulomatous oophoritis and salpingitis was confirmed. Xanthogranulomatous inflammation is a rare, chronic type of inflammation that leads to the destruction and replacement of the affected tissue or organ with lipid-filled macrophages with plasma cells, lymphocytes, neutrophils with or without multinucleated or Touton giant cells (jamc.aybumed). Only 31 cases of xanthogranulomatous oophoritis and salpingitis have been reported. In conclusion, it is clear that chronic pelvic inflammatory disease and xanthogranulomatous inflammation within the gynaecological organs can mimic a malignant process.

UNUSUAL GYNAECOLOGICAL PRESENTATIONS OF METASTATIC BREAST CANCER TWO CASE REPORTS AND LITERATURE REVIEW

POSTER

Niamh Garry, Claire Thompson, Waseem Kamran

SJH, Dublin, Ireland

Breast Cancer is the most common malignancy in women. The majority present with localised disease, however, metastases are seen in Bone, Brain, Lung and Liver. Invasive lobular carcinoma (ILC) can have unusual metastatic sites including peritoneum, hollow viscera and genital organs. We present 2 cases of metastatic breast cancer to the Bartholin's Gland and the Cervix.

Case Report 1

73 year old, 9 month history of right sided non-tender Bartholin's mass. History of Breast Cancer 15 years previously, treated with Mastectomy and adjuvant chemoradiotherapy. She underwent a Wide Local Excision (WLE). Histology revealed Invasive Ductal Carcinoma (IDC). She was restaged with CT TAP showing left iliac lesion suspicious for bone metastases. She was referred to medical oncology and commenced palliative chemotherapy.

Case Report 2

50 year Old, background of recurrent, metastatic IDC, diagnosed 6 years previously and treated with WLE, adjuvant radiotherapy and tamoxifen. Referred with a 4.8cm cervical mass on MRI Pelvis. Normal smear 1 year previously. On Examination, the cervix was completely replaced by tumour. A LLETZ biopsy was performed and histopathology reported ICD. She was managed by medical oncology with palliative chemotherapy.

Methods and Results

We completed a PUBMED search using ''Breast Cancer AND Vulva'', ''Breast Cancer AND Genital Metastases''. In English Medical Journals from 1946 to 2018, we identified 2 cases of Breast metastases in the Bartholin's gland and 18 cases with cervical metastases.

Conclusion

Although rare, these cases highlight the importance of broad clinical suspicion in the diagnosis of new gynaecological lesions

SAFER DELIVERY OF WOMEN WITH A PREVIOUS SECTION

POSTER

A Olaru, K O'Doherty, M Robson

National Maternity Hospital, Dublin, Ireland

Caesarean section (CS) rates have increased worldwide. Obstetricians may find that counselling for mode of delivery in a pregnancy following caesarean section can be quite challenging and a review of the previous delivery records and current pregnancy is recommended to identify contraindications to vaginal birth after caesarean.

We conducted a retrospective cohort study on women with previous caesarean section, during 2013-2017. Our aim was to look at the delivery outcomes of these patients.

During the 5 year period, 4292 women with one previous CS at greater than or equal to 37 weeks gestation delivered. In this group of women, 35.6% (n=1530) went into spontaneous labour, 9.3% (n=398) had their labour induced and 55% (n=2364) had a pre-labour CS. Of those who had a pre-labour CS 52.8% (n=1249) had no medical or obstetric indication compared to 47.1% (n=1115) performed for maternal or obstetric reason (p=0.025) mostly at 39 weeks . The CS rate in spontaneous onset of labour group was 21.5% (n=330/1530) compared to 44.2% (n=176/398) in the induced labour group and only 4.1% women required oxytocin acceleration during labour.

More than half of the pre-labour CS are performed for no medical or obstetric indication. In view of the low operative delivery rates in spontaneous labour in women with one previous caesarean, obstetricians should encourage women between 39 and 41 weeks to wait to go into spontaneous labour and aim for a short labour with no use of oxytocin.

FACTORS INFLUENCING CAREER CHOICES OF MEDICAL STUDENTS IN OBSTERICS AND GYNAECOLOGY A NATIONAL SURVEY

POSTER

Jennifer Stokes, Ita Shanahan, Rupak Kumar Sarkar

Rotunda Hospital, Dublin, Ireland

Introduction

Students select a career in obstetrics and gynaecology (O&G) for many reasons .

Aim

To ascertain the interest of medical students in taking up a career in O&G in Ireland

Methods

A survey of attendees at a large National level Medical Careers day in September 2018 was undertaken. Data was obtained from the Forum office and by personal interview at the O&G Career clinic facilitated by 2 Consultants and 3 trainees .

Results

Total attendance n=191. Average age 23.8 years (22-35). Female n=115, Male n=76. There were 160 medical students and 31 interns . 25/191 (13%) attended the O&G careers Clinic . 22/25(88%) female and 3/25 (12%) male . All 6 medical schools were represented. On interviewing the factors that influenced their interest included : experiences with gynaecologists who were superb role models, the scientific and technical complexity of rapidly evolving diagnostics, medical, and surgical treatments, the opportunity to care for vulnerable women both domestically and globally & delivering babies

Conclusion

There was less interest shown by attendees in the speciality compared to other surgical specialities. The changing demographic and expectations of the current & future workforce needs to be understood in a way that is inclusive and supportive of a healthy work–life balance, while having an honest discussion about what we can deliver to women with the workforce available which is crucial in not only attracting doctors but also retaining and nurturing them within our profession.

PRESCRIBING AND USE OF THROMBOPROPHYLAXIS IN PREGNANCY: A PROSPECTIVE AUDIT

POSTER

Aneeqa Ashraf, Shagufta Rafiq, Ann Rowan

Waterford University Hospital, Waterford, Ireland

Venous thromboembolism is the among the most frequent direct cause of maternal death. This can be reduced with the correct use of thromboprophylaxis. We wished to assess if our department was compliant in RCOG guidelines regarding thromboprophylaxis. A prospective audit of antenatal and postnatal patients over a 14 day period. Patient demographics, use of TED stockings and low molecular weight heparin (LMWH) were recorded. Sixty-three patients were audited, 30% (19) antenatal, 70% (43) postnatal. Patient demographics were similar in both groups. Of antenatal patients 32% (6) had TED's on, all prescribed. Of those with BMI 30-34.9 none had TED's on (4), of BMI >35 (5) 60% (3) had both TED's on and prescribed, one patient was on LMWH with TED's due to maternal risk factors. Of postnatal patients 83% (5) had TED's prescribed but only 14% (6) had TED's on, 35% (15) were on LMWH, 47% (7) had TED's prescribed but only 20% (3) had TED's on. Of BMI 30-34.9 (5) 40 % (2) were on LMWH but did not have TED's, of BMI 35-39.9 (6) 50% (3) had LMWH only one had TED's. One lady with a BMI of 42 was neither charted for TED's or LMWH. All patients post LSCS were on LMWH. Our audit shows inconsistencies in both prescribing and use of TED's and LMWH within our unit. We aim to implement a training program and re-audit post to assess for improvement in compliance with national/ international guidelines.

LOOP CLOSING AUDIT OF POST MENOPAUSAL BLEEDING REFERRAL TO THE COOMBE WOMEN AND CHILDRENS HOSPITAL

POSTER

Niamh Garry, Catherine O'Gorman, Irum Basit

CWIUH, Dublin, Ireland

Background

Post-Menopausal Bleeding (PMB) represents one of the most common referrals to Gynaecology Outpatients Department (GOPD). The primary aim of investigation is to identify the 10% of these women who will have endometrial cancer. According to the Irish Institute of Obstetricians and Gynaecologists (IOG) PMB guideline, assessment should include; clinical examination, transvaginal ultrasound (TVUS) to assess endometrial thickness (ET), hysteroscopy and endometrial curettage if ET >3mm. Key performance indicators include referral to review time and percentage managed as one-stop-shop. According to NICE guidelines, referral to review should be ?14 days. Our primary audit (n=20) carried out in 2014, showed an average referral to review interval of 38.5 days and referral to diagnosis of 65.7 days. 10% of patients (n=2) had 'one-stop-shop' care.

Purpose of study

To re-audit the management of women with PMB following the establishment of an outpatient hysteroscopy clinic in CWIUH with regard to key performance indicators.

Study methods

Review of electronic records of all women referred to CWIUH with PMB from July 2017 to July 2018.

Findings

87 patients were referred. One-stop-shop care was received by 79% of women. The average referral to review interval was 57 days. (8 women excluded from this analysis due to results/investigations pending.

Conclusion

The establishment of the outpatient hysteroscopy clinic in CWIUH has improved the percentage of patients receiving one stop shop care from 10 to 79% but has not yet reduced the average waiting times from referral to review.

OVARIAN METASTASES FROM ADENOCARCINOMA OF CERVIX A CASE REPORT

POSTER

Yulia Shahabuddin, Ciaran O'Riain, Noreen Gleeson, Claire Thompson

Gynaecological Oncology Department, St James Hospital, Dublin, Ireland

Background

Endocervical adenocarcinomas uncommonly metastasize to the ovaries. The presence of identical HPV types (P16) in the paired ovarian and endocervical tumours supports the interpretation of the ovarian tumours as metastases rather than independent primary ovarian neoplasm.

Case report

We report this rare case of ovarian metastases from mucinous adenocarcinoma of cervix. A 32 years old woman, para 2, normal cervical smear in 2016, admitted through emergency department with acute RIF pain was found to have a normal lower genital tract, uterus and tender right adnexal mass. CT and MRI showed 9cm x 7cm x 7cm complex mass suspicious of right tubo-ovarian abscess or torsion, normal cervix and uterus. She underwent emergency laparoscopic right salpingo-oophorectomy after 48 hours intravenous antibiotics and minimal clinical improvement. Histopathology showed strong diffuse expression of P16, positive PAX8 with lack expression of hormone receptors (both ER and PR) suggestive of adenocarcinoma of endocervical origin. Complete surgical staging revealed extensive low volume endocervical carcinoma of usual P16 positive type with metastases to both ovaries, no parametrial extension and negative pelvic lymph nodes. Adjuvant chemo-radiotherapy was recommended by the multidisciplinary team

Conclusion

Ovarian tumour representing metastases from occult cervical adenocarcinoma can be a challenging diagnosis. Suspicion is raised by the morphology and the diagnosis is confirmed by immunohistochemistry. Clinicians should be aware that low volume endocervical carcinoma can metastasise to adnexa in the absence of deep stromal invasion, parametrial extension and lymph node involvement.

DEVELOPMENT OF A CORE OUTCOME SET FOR RESEARCH IN MATERNAL NUTRITION DURING PREGNANCY: A PROTOCOL

POSTER

Sarah Louise Killeen, Eileen C O'Brien, Aisling A Geraghty, Fionnuala M. McAuliffe

UCD Perinatal Research Centre, UCD Obstetrics and Gynaecology, School of Medicine, National Maternity Hospital, University College Dublin, Dublin, Ireland, Dublin, Ireland

Variation in reported outcomes between studies evaluating maternal nutrition in pregnancy limits comparability and thus evidence synthesis. A core outcome set (COS) is a set of outcomes with standardised measurements which are considered a minimum to report in a particular area of research. The development of a COS for studies evaluating maternal nutrition in pregnancy would facilitate high quality meta-analysis from the amalgamation of results across studies.

Therefore the aim of this study is to identify a COS for studies evaluating maternal nutrition in pregnancy.

We will prospectively register the COS with the Core Outcomes for Measurement of Effectiveness Trials (COMET) registry. A systematic review will be conducted and outcomes related to nutrition will be extracted and catalogued from eligible studies. A multi-stage, electronic Delphi survey with relevant stakeholders including researchers, healthcare professionals and patients will be conducted to refine the outcome set. There will be a minimum of two rounds of questionnaires however further rounds will be conducted until either a consensus is reached or there is stability in responses. We will hold a steering group meeting to reach consensus on the final COS.

We will identify and catalogue the extent of outcomes reported in the area of maternal nutrition research. A final COS for maternal nutrition research will be identified.

It is anticipated that this COS will enhance the body of research in the area and facilitate global meta-analyses, thus broadening our understanding of the role that maternal nutrition plays in offspring and maternal health

THROMBOEMBOLISM RISK ASSESSMENT IN MATERNITY WEXFORD GENERAL HOSPITAL BETWEEN 1/9/2018-14/10/2018

POSTER

Rawia Ahmed, Liz Dunn

Wexford general hospital, Wexford, Ireland

Background

Thromboembolism is one of the leading causes of maternal mortality and morbidity in Developed world. This is related to many risk factors associated with pregnancy as risk increases by 4-5 fold during pregnancy and puerperium compared to non-pregnant and also the subjective clinical assessment is not reliable to asses DVT/PE during pregnancy . Introducing VTE risk assessment through out pregnancy stages in order to be on the appropriate thromboprophylaxis has reduced thrombosis events and associated complication

Purpose of the study

To asses the adherence of maternity staff to local protocol regarding VTE risk assessment.

Methodology

Prospective cross sectional study , between 1/9-15/10 2018, incision criteria : all patients admitted to maternity ward in Wexford General Hospital. Age ,stage of pregnancy, mode of delivery, if they had VTE risk assessment form present , updated and assessment at booking.

Results

135 patients included in the study , 25% were antenatal and 75% postnatal of which 55% had vaginal delivery, 16% instrumental delivery and 28% had Caesarean section. At booking visit 27% had VTE risk documented. 70% had VTE risk assessment form present in the notes. 43 patient (50%) had updated risk assessed upon their admission.

Conclusion

Adherence to local protocol regarding VTE risk assessment is less than expected , but results match other audit done in other Hospital

Recommendation

1-it's a shared responsibility between medical staff (doctors and midwives) to asses every lady from thromboembolism prospective

2- check VTE risk form daily while doing ward round

THE PSYCHOLOGICAL AND EMOTIONAL IMPACT OF AMH TESTING

POSTER

Yvonne O Brien[1,2], Caroline Kelleher[3], Mary Wingfield[1,2]

1Merrion Fertility Clinic, Dublin, Ireland, 2National Maternity Hospital, Dublin, Ireland, 3Dept of Psychology, RCSI, Dublin, Ireland

Significant benefit could be derived from the introduction of universal AMH screening for all young women. From the findings of a previous qualitative study, we hypothesized that knowledge of one's ovarian reserve test has a psychological impact which could be measured by assessing pre-and post AMH test (i.e. Time 1 and 2) measures of depression, affect, fertility quality of life and stigma.

Women who were having AMH testing as part of gynaecological investigations, mostly subfertility, were recruited over a 6-month period. Six psychological scales were used to measure pre and post testing levels of depression, positive and negative affect, fertility quality of life, resilience and stigma. A mixed between-within subjects analysis of variance was conducted to assess the impact of the AMH result on the psychological scale scores before and after AMH testing. The interaction effect was described. $P<0.05$ was considered statistically significant.

There was a significant interaction between the change in scores in the PHQ-8 and the PANAS scales over the two questionnaires in the normal and low AMH groups. There was no significant interaction between Fertiqol, resilience or stigma scores and the AMH level.

We have demonstrated that being given a low AMH result has a significant impact in terms of levels of depression and positive and negative affect before and after AMH testing, and has a significant psychological impact. This study demonstrates a need for appropriate patient information and counseling prior to and after AMH testing.

RE AUDIT ON UPTAKE AND SUCCESS RATE OF OUTPATIENT MEDICAL MANAGEMENT OF FIRST TRIMESTER MISCARRIAGE

POSTER

Sumaira Tariq, Sharon Cooley

Rotunda Hospital, Dublin, Ireland

Spontaneous miscarriage are common, occurring in about 20% of clinical pregnancies.

Recently, there has been an increase in outpatient conservative and medical management.

Medical management is a safe alternative to surgical evacuation with success rate of 80-91%, and should be offered to women when counselling them about options of management.

The objectives of this re-audit were to determine that conservative and medical management options were discussed in the counselling period, and the success rate of medical treatment in the Early Pregnancy Assessment Unit in the Rotunda hospital.

Data was collected retrospectively from MN-CMS from June – August 2018. Primary outcome measure for successful medical management was the absence of retained products on follow up ultrasound scan.

A total of 962 women attended EPAU during this period. All women suitable for outpatient medical management were counselled regarding conservative and medical options. 84 women were included in this audit with either missed or incomplete miscarriage who opted for medical management.

For patients in this group, 100% were prescribed correct misoprostol regime (Misoprostol 600mcg 3 hours apart) with analgesia and all the patients had a follow-up scan within 15 days (100%).

72 patients (85.7 %) had successful management (i.e complete miscarriage on follow-up scan), 12 patients (14.3%) had failed medical management and opted for elective ERPC.

The audit has shown medical management of missed and incomplete miscarriage to be a safe & effective option for patients at Rotunda Hospital with a success rate of 85.7% when proper misoprostol regime is followed.

"CAN WE PLEASE CHECK HER APPENDIX ONE LAST TIME" – A CASE OF A DERMOID CYST WITH AN APPENDIX

POSTER

Sorca O Brien[1], Kate O Donoghue[2], Kushal Chummun[1]

[1]Rotunda Hospital, Dublin, Ireland, [2]CUMH, Cork, Ireland

Ovarian dermoid cysts, also know as mature cystic teratomas, (MCT) are generally benign lesions of the ovary. They originate from totipotential germ cells that are present from birth and differentiate abnormally, developing characteristics of mature dermal cells. Frequently they consist of hair follicles, skin, sebum, teeth, cartilage and bone, even thyroid tissue. Rarely they contain gastrointestinal tissue.

Here we present the case of an appendiceal structure noted protruding from a dermoid cyst which inadvertently ruptured during cystectomy. A 25 year old with a left sided adnexal mass described as a "simple cyst" was admitted for elective left cystectomy. At laparoscopic cystectomy inadvertent rupture occurred releasing lipid like fluid confirming the cyst was likely dermoid. During cystectomy a tubular structure was noted to protrude from the cyst cavity with the appearance of an appendix. The caecum was visualized with the appendix intact and in situ. Multiple images were taken. Cystectomy was completed and thorough washout performed.

Tissue was sent to the lab with request for medical photography and extensive examination. Histopathology examination reported a long tubular structure with gastrointestinal tissue features consistent with appendiceal tissue.

GI tract-like muscular walls with or without other components were observed in 7.1% of MCT cases in a study published in 2017 and previously had been discussed mainly in case reports/series. This case adds to existing literature and highlights also the importance of good anatomical knowledge and identification during laparoscopy for procedures to be safely completed.