



**Junior Obstetrics and Gynaecology Society (JOGS)  
Annual Scientific Meeting 2023**

23rd of February 2024



**ANNUAL SCIENTIFIC MEETING 2023**  
***FRIDAY 23RD FEBRUARY 2024***

**BOOK OF  
ABSTRACTS**

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# Early Pregnancy

## "HOW RELIABLE ARE HISTOLOGY RESULTS?" - A RARE CASE OF GESTATIONAL TROPHOBLASTIC DISEASE

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### Abstract

Gestational trophoblastic disease (GTD) constitutes a group of rare pregnancy-related disorders that encompass a range of premalignant disorders i.e. complete and partial hydatidiform moles, as well as malignant disorders such as invasive moles, choriocarcinomas, and the rare placental-site trophoblastic tumour. Diagnosis can be challenging and should be always considered in patients with a recent pregnancy.

A 32-year-old lady, P0+1, presented to the Early Pregnancy Assessment Unit (EPAU) with a persistent positive urine pregnancy test nine weeks post ERPC (Evacuation of Retained Products of Conception). This had been a twin pregnancy, diagnosed with a Missed Miscarriage at 11 weeks gestation and the patient had opted for an ERPC. Initial histology reported chorionic villi with no abnormal trophoblast.

After review in the EPAU and in view of Beta-hCG (Human Chorionic Gonadotropin) levels, empty uterine cavity, right ovary lesion and free fluid in the pouch of Douglas a diagnostic laparoscopy was performed due to high suspicion of an ectopic pregnancy. During the procedure, no ectopic pregnancy was identified in the pelvic cavity. A dilatation and curettage was subsequently performed, and histology confirmed a secretory endometrium. Methotrexate was given. Initial beta-hCG levels showed a downward trend but later started to rise. An abdominal ectopic was suspected and 2nd dose of Methotrexate was given.

During the diagnostic work-up, a new transvaginal ultrasound scan was performed which identified a small hypervascular lesion in the left cornual area. Hysteroscopy and a directed biopsy with Myosure of the lesion were undertaken. Histology reported an abnormal trophoblastic proliferation consistent with Gestational Trophoblastic Disease. The patient was referred to the National Gestational Trophoblastic Disease Centre in Cork and is currently being followed up with serial Beta-hCG levels, which are presently negative.

A DIAGNOSTIC DILEMMA: A CHALLENGING CASE OF AN ACUTE ABDOMEN IN EARLY PREGNANCY

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**Abstract**

An acute abdomen in pregnancy is a surgical emergency. Ectopic pregnancy and appendicitis are potential causes. It can cause a diagnostic dilemma and prompt diagnosis is essential. We present a case of acute abdomen with pregnancy of unknown location (PUL).

A 33-year-old woman presented with severe vomiting and diarrhea for one day followed by acute onset of right iliac fossa (RIF) pain and a 5-week history of amenorrhea. She was afebrile and inflammatory markers were normal. Her  $\beta$ hCG level on admission was 599mIU/ml and ultrasound revealed an empty uterus, a normal left ovary and fallopian tube, no free fluid but suspected "bagel sign" in the right adnexa. Differential diagnoses included were ectopic pregnancy, appendicitis, and PUL.

The patient had increasing RIF pain and repeat ultrasound revealed mild free fluid in the pelvis with no intrauterine pregnancy (IUP) seen. A diagnostic laparoscopy was performed, and intraoperative findings included a swollen right fallopian tube and ruptured appendix. An appendectomy and right salpingectomy were performed. Antibiotics were commenced and the patient clinically improved. However, a suboptimal rise in  $\beta$ hCG levels continued and repeat ultrasound revealed an IUP of unknown viability. Subsequent ultrasounds revealed an incomplete miscarriage, which was managed medically. Histopathology showed a fallopian tube with inflammatory changes only, ruling out a heterotopic pregnancy.

Acute abdomen is a rare entity in pregnancy, with an incidence of 1 in 500–635 patients. Appendicitis is estimated to occur at an incidence of 1:1,500 and ectopic pregnancy is 11:1,000. The incidence of simultaneous ectopic pregnancy and appendicitis is extremely low.

This case underscores the importance of clinical evaluation and consideration of multiple causes for an acute abdomen in pregnancy. Timely surgical intervention, follow up  $\beta$ hCG, and ultrasound imaging are essential in such cases. This report highlights the need for a multidisciplinary approach involving obstetric and surgical teams to ensure the best possible outcome for patients.

A REVIEW OF TERMINATION OF PREGNANCY COMPLICATIONS MANAGED IN SECONDARY CARE IN THE SOUTHEAST OF IRELAND

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**Abstract**

In 2018 Ireland voted overwhelmingly to repeal the eighth amendment, allowing for legal and safe termination of pregnancy (TOP) under The Health (Regulation of Termination of Pregnancy) Act 2018. An independent review of the legislation was published in early 2023 and highlighted the current absence of an established monitoring and evaluation system for TOP services in Ireland.

This study aims to evaluate of TOP services in the southeast of Ireland focusing on patient experiencing complications of TOP.

A retrospective chart review of all women attending University Hospital Waterford (UHW) for TOP services from January 1st to June 30th 2023 was performed. Anonymised patient data was collected on an encrypted database on a password protected computer.

71 women were reviewed in UHW post TOP. Ages ranged from 17 to 40 with a median age of 27. Women attended from Carlow, Kilkenny, Limerick, Tipperary, Waterford, Wexford, and Wicklow. 68% (n=48) were referred from general practice, 17% (n=12) were self-referrals, 13% (n=9) were planned hospital follow ups, and 3% (n=2) were hospital inpatients. Reasons for additional care included positive pregnancy test post TOP (38%; n=27), pain +/- bleeding post TOP (31%, n=22), pregnancy of unknown location (11%, n=8), no bleed following community TOP (6%, n=4), STI treatment (4%, n=4), contraception (3%, n=2), anti-D injection (3%, n=2), IV iron infusion (n=1), repeat US to confirm complete TOP (n=1), and treatment of known incomplete TOP (n=1). The primary outcomes of reviews included ultrasound +/- ?hCG (49%, n=35), management of incomplete TOP (31%, n=22), and laparoscopy for ectopic pregnancy (n=1). The number of patient encounters ranged from 1 to 15 with an average of 3.7 encounters.

Termination is a safe procedure for which major complications are rare at all gestations. All healthcare providers, including those not directly involved in providing TOP should be aware that women with complications arising from TOP may present to any healthcare setting and should be treated appropriately and without prejudice.

A REVIEW OF TERMINATION OF PREGNANCY SERVICES IN SECONDARY CARE IN THE SOUTHEAST OF IRELAND

Sarah Kennedy, Elaine Roche, Mairead Butler

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**Abstract**

In 2018 Ireland voted overwhelmingly to repeal the eighth amendment, allowing for legal and safe termination of pregnancy (TOP) under The Health (Regulation of Termination of Pregnancy) Act 2018. An independent review of the legislation was published in early 2023 and highlighted the current absence of an established monitoring and evaluation system for TOP services in Ireland.

This study aims to evaluate of TOP services in the southeast of Ireland including pre-abortion ultrasounds and hospital TOPs.

A retrospective chart review of all women attending University Hospital Waterford (UHW) for TOP services from January 1st to June 30th 2023 was performed. Anonymised patient data was collected on an encrypted database on a password protected computer.

117 women attended for pre-abortion ultrasound scans. 51.3% (n=60) proceeded with TOP in primary care, 29.1% (n=34) proceeded with TOP in hospital, 5% (n=6) were referred to the early pregnancy clinic for miscarriage or a pregnancy of unknown location (PUL), 11.1% (n=13) chose to continue the pregnancy, and 3.5% (n=4) were referred the Irish Family Planning Association as the pregnancy exceeded 12 weeks. 41 women had a TOP in hospital in this period with 90% (n=37) under section 12, 7.3% (n=3) under section 11, and 2.4% (n=1) under section 9. All were given medical TOP as first line treatment with each patient receiving mifepristone with misoprostol 24 hours later (800mcg buccal misoprostol stat then 400mcg 3 hourly x 4 doses). The median dose of misoprostol received was 1600mcg. 54% (n=22) patients remained in hospital for 1 night, 34% (n=14) had TOP as a day case, and 11% (n=5) required admission for 2 nights. All women were offered contraception prior to discharge with 54% (n=22) receiving contraception in hospital.

Our study is the first to assess TOP services in the southeast of Ireland since it commenced in 2019. There is a need for future research into the experiences of TOP service users and providers and prospective multicentre audits should be established to identify deficiencies and variations in care.

ABORTION - EQUAL ACCESS FOR ALL?: A REVIEW OF EARLY TERMINATION OF PREGNANCY SERVICES IN THE SOUTH EAST OF IRELAND

Sarah Kennedy, Elaine Roche, Mairead Butler

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**Abstract**

In 2018 Ireland voted overwhelmingly to repeal the eighth amendment, allowing for legal and safe early termination of pregnancy (TOP) under section 12 of The Health (Regulation of Termination of Pregnancy) Act 2018. An independent review of the legislation was published in early 2023 and highlighted the absence of an established monitoring and evaluation system for TOP services in Ireland as well as exploring barriers to accessing care.

This study aims to identify potential barriers abortion care access in the southeast of Ireland through evaluation of TOP services in this region.

A retrospective chart review of all women attending University Hospital Waterford (UHW) for TOP services from January 1st to June 30th 2023 was performed. Anonymised patient data was collected on an encrypted database on a password protected computer.

Only one of four maternity units in the southeast of Ireland provide TOP services. Women attending UHW TOP services resided in Carlow, Kilkenny, Laois, Tipperary, Waterford, Wexford, and Wicklow and 41 hospital TOPs were performed. Medical TOP (MTOP) was given to all women, with only one woman requiring surgical TOP following two failed MTOPs. Barriers to offering surgical TOP included difficulties in accessing hospital operating theatres and objections raised by theatre staff. Four women exceeded the 12-week gestational limit under section 12 of The Health Act 2018 and were referred to the IFPA for counselling regarding travelling abroad for TOP. 97% women were required to attend the hospital for two or more appointments.

Our study demonstrates that barriers to abortion care access persist. The 12-week gestational limit, location of TOP providers, limited access to surgical TOP, and multiple appointments mandated by the three-day waiting period all impose logistical and financial burdens on women. Many women must make two journeys over long distances to access abortion care in UHW and such barriers are more acutely experienced by poorer and vulnerable women, migrants, asylum seekers, traveller women, and disabled women.

AN AUDIT ON MANAGEMENT OF ECTOPIC PREGNANCY AND COMPLIANCE WITH RCPI GUIDELINES IN THE OBSTETRICS AND GYNAECOLOGY DEPARTMENT AT UHK

Liane R. Silva, Rachel Leong, Margaret Henkhaus, Prachi Tewari

University Hospital Kerry

## Abstract

### Background

By nature of their location, these pregnancies are non-viable and present significant, and potentially fatal, health risks to the pregnant person. Most recent data predicts that 1 in 80 pregnancies in Ireland will be ectopic. Due to their prevalence within the community and life-threatening complications, it is imperative that medical professionals can identify and treat ectopic pregnancies swiftly and properly

### Objective

The focus will be placed on medical and surgical management of ectopic pregnancies in University Hospital Kerry over the last 3 years with the aim being to identify any successes or short-comings in hospital procedures and patient outcomes in hopes to improve patient care.

### Methods

A retrospective cohort study of all women who have presented to ED and/or Kells' ward and were ultimately diagnosed with an ectopic pregnancy in the past 3 years at University Hospital Kerry (UHK). The sample selection was achieved through UHK's electronic systems, which recorded obstetric history, investigation, and management of each ectopic pregnancy for statistical analysis. Descriptive statistics were performed using Microsoft Excel.

### Results

A total of 24 patients were identified. Only 2 patients within this cohort had had a previous ectopic pregnancy. Of the ectopic pregnancies, the average gestational age at discovery was 6.17 weeks. Of the 24, 3 (12.5%) underwent medical management, and 1 (4.2%) underwent mixed medical and surgical management. All cases were properly managed according to RCPI guidelines, and most ectopic pregnancies were detected before rupture (16). The results suggest that UHK follows guidelines well, diagnoses timely, and manages patients effectively.

### Conclusions

This audit provides valuable insights into the identification, diagnosis, and treatment of ectopic pregnancies at UHK. The results indicate that UHK complies with RCPI guidelines for managing ectopic pregnancies effectively. Further research could explore ways to improve early detection rates or reduce complications associated with this condition.

## AUDIT OF REVIEW OF MANAGEMENT OF ECTOPIC PREGNANCIES AT REGIONAL HOSPITAL MULLINGAR 2020 & 2021

Majda Almshwt, Mize Omar, Khansaa Warwar

Midlands Regional Hospital Mullingar

### Abstract

#### Background

The Early Pregnancy Assessment Unit (EPAU) is a dedicated clinic within each of the 19 maternity hospitals in Ireland. The purpose of the EPAU is to investigate, diagnose, and treat women with complications of early pregnancy, such as miscarriage and ectopic pregnancy.

#### Objective

Identify and review first attendance appointments over a one-month period in the EPAU of a tertiary maternity unit in Ireland.

#### Study Design and Methods

Retrospective review of medical records of attendances at the EPAU in July 2022. Eligible women were identified from the local EPAU database. Attendances from 1st to 31st of July 2022 were reviewed and those attending a first appointment were included. Relevant clinical data was transcribed from the electronic healthcare record to a secure excel dataset. Descriptive statistics were employed for analysis.

#### Results

Of the 419 women attending the EPAU in July, 249 were eligible for inclusion. Referrals were from General Practitioners (56%, n=140), CUMH (29%, n=71), and external clinics (15%, n=38). The most common indication for referral was bleeding  $\pm$  pain (46%, n=115), followed by previous obstetric history (26%, n=65). Most women were multiparous (64%, n=159) and aged between 26 and 35 (48%, n=119). Clinical outcomes included: viable intrauterine pregnancy (55%, n=138); missed or incomplete miscarriage (13%, n=31); complete miscarriage (7%, n=17); pregnancy of unknown viability (13%, n=33); and pregnancy of unknown location (12%, n=30), of which, an ectopic pregnancy was diagnosed in five women. Miscarriage was managed using medical (65%, n=20) or surgical (35%, n=11) approaches depending on women's preferences and clinical suitability.

#### Conclusion

The review provides insight into attendances to the EPAU at CUMH over a one-month period. It highlights the need for a dedicated early pregnancy clinic within the maternity service. It also shows the need for adequately trained clinical staff with high precision ultrasound equipment to promptly and appropriately diagnose early pregnancy complications

## AUDIT ON THE DIAGNOSIS AND MANAGEMENT OF MATERNAL ANTENATAL ANAEMIA AT UNIVERSITY HOSPITAL KERRY

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### Abstract

#### Background

Anaemia affects approximately one in four pregnant women in Europe, it is estimated for about half these women anaemia is related to iron deficiency.<sup>1</sup> Effective management of anaemia is needed to prevent adverse maternal and foetal outcomes.

#### Objective

The aim of this audit is to review adherence to World Health Organisation and British Committee for Standards in Haematology guidelines on diagnosing and managing anaemia at University Hospital Kerry (UHK) as part of routine antenatal care.<sup>1,2</sup> A secondary aim is creation of local guidelines for the management of antenatal anaemia with the intention to optimise pre delivery haemoglobin and reduce perinatal morbidity.

#### Methods

This was a retrospective cohort study of patients who had singleton live births at >23 weeks gestation in June 2023 at a single centre. Patient demographics (age of patient at delivery, gestational age at delivery, delivery type, primary language, ethnicity, BMI) and clinical data (timing of full blood count screening, anaemia diagnosis and management, blood loss at delivery, and need for parenteral iron infusion and/or blood transfusion) were recorded and analysed using Microsoft Excel.

#### Results

Overall, 66% of patients underwent screening for antenatal anaemia in line with WHO and BSH guidelines, 95% at "booking bloods" and 66% at repeat bloods between 28 and 32 weeks gestation. On review, 18/82 (22%) of women were identified to meet criteria for diagnosis of antenatal anaemia during their pregnancy, of which 7/18 were diagnosed at that time with anaemia and 4/7 started on oral iron supplementation. Ultimately, 6/18 (33%) of patients with antenatal anaemia received oral iron supplementation during their pregnancy.

#### Conclusion

Locally antenatal anaemia is under recognised and management is suboptimal. We aim to undertake a multidisciplinary improvement project involving haematology, pharmacy, midwifery, and obstetrics to create clear local guidelines for the management of anaemia and reaudit practice 3 months after implementation of the guidelines.

## FIRST ATTENDANCE APPOINTMENTS OF WOMEN AT THE EARLY PREGNANCY ASSESSMENT UNIT: A RETROSPECTIVE REVIEW

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2 National Perinatal Epidemiology Centre, University College, Cork, Ireland

3 Pregnancy Loss Research Group, Department of Obstetrics and Gynaecology, University College Cork, Cork, Ireland

## Abstract

### Background

The Early Pregnancy Assessment Unit (EPAU) is a dedicated clinic within each of the 19 maternity hospitals in Ireland. The purpose of the EPAU is to investigate, diagnose, and treat women with complications of early pregnancy, such as miscarriage and ectopic pregnancy.

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### Conclusion

The review provides insight into attendances to the EPAU at CUMH over a one-month period. It highlights the need for a dedicated early pregnancy clinic within the maternity service. It also shows the need for adequately trained clinical staff with high precision ultrasound equipment to promptly and appropriately diagnose early pregnancy complications.

# FIRST TRIMESTER MEDICAL TERMINATION OF PREGNANCY IN IRELAND: RETROSPECTIVE REVIEW OF ONE TERTIARY MATERNITY UNIT

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## Abstract

### Background

The Health (Regulation of Termination of Pregnancy) Act 2018 was signed into Irish law on the 21st December 2018. Under section 12 of this Act pregnant women less than 12 weeks' gestation can avail of Termination of Pregnancy (TOP) services, without restriction. The majority of TOPs performed each year occur under Section 12, accounting for 98% of all cases in Ireland in 2022.

### Objective

This work aimed to provide an overview of hospital-based section 12 TOP services within a large maternity unit in Ireland during the first three years of service provision.

### Method

Data were collected on all women who underwent TOP under section 12 between 2019 and 2021 by retrospective chart review. Eligible cases were initially identified from the local TOP registry. Only inpatient medical TOP cases were included. Anonymised data was transcribed from electronic healthcare records to a secure database. Ethical approval was obtained from the Clinical Research Ethics Committee of Cork Teaching Hospital.

### Results

The cohort included 110 women had a mean age of 28.5 (SD=7.5). The primary indication for hospital-based TOP was gestational age >9 weeks (82.7%). Five consultants were responsible for more than 90% of TOP consultations across the three years. Misoprostol was administered within the recommended 24-48h of mifepristone in 72% of cases and an appropriate loading dose of misoprostol was given in 94.5% of cases. Surgical intervention for unsuccessful/incomplete medical termination occurred in 9.1% of cases. Contraception discussion was documented for 71.8% of cases, however, contraception was provided to only 12.7%.

### Conclusions

This research provides an overview of section 12 inpatient medical TOP service provision in one tertiary maternity unit. The need for improvements is highlighted, particularly in terms of timing

of medication administration and provision of contraception. Addressing these gaps will aid in improved quality of care and expansion of services for women undergoing TOP in Ireland.

## FROM MISOPROSTOL ALONE TO MIFEPRISTONE FOLLOWED BY MISOPROSTOL

Natasha J Iqbal, Marina Khan, Tom O'Gorman

University Hospital Galway

### Abstract

#### Background

Miscarriage affects 1 in 5 pregnancies and can impact physical and mental health. The goal of treatment of miscarriage is to efficiently and safely remove tissue from an early pregnancy loss to reduce haemorrhage, infection and improve psychological impact by reducing the time frame to achieve complete miscarriage.

#### Objective

Misoprostol alone vs mifepristone and Misoprostol for medical management of missed miscarriage.

#### Study Design

Retrospective cohort study of patients undergoing medical management of missed miscarriage in GUH. 100 cases of women who opted for medical management of missed miscarriage were identified. 50 from the misoprostol group and 50 from mifepristone plus misoprostol group.

Misoprostol management involved Oral dose of 800 mcg Misoprostol whereas mifepristone plus misoprostol group aimed at giving 200mg mifepristone followed by Oral 800mcg dose of misoprostol 48 hrs later.

#### Results

Out of 50 women in Misoprostol group 33(66%) had complete resolution of missed miscarriage on followup scan compared to 42 (84%) out of 50 women in the mifepristone + Misoprostol Group with a p value of 0.02 making the results statistically significant.

#### Conclusion

Treatment with mifepristone + misoprostol was more effective to achieve complete resolution than misoprostol alone in management of missed miscarriage.

## FUNDAMENTALS OF DATING ULTRASOUND IN EARLY PREGNANCY

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### Abstract

#### Background and Objective

Accurate pregnancy dating scan is important not only for following growth in the antenatal period but also has implications surrounding birth.

This audit will look through the LMPs and scanning data, where the EDD was changed from an LMP estimate to one based on ultrasound images and measurements.

#### Method

28 Patient files from patients seen at St Lukes's Kilkenny and Carlow antenatal clinics in June, July or August 2023 and their EDD was changed, were selected for this audit. ISUOG practice guidelines were followed.

#### Results

28 antenatal booking information were recorded. 25 had printed images available. 19 had images magnified to fill most of the width of the US screen. 13/28 had a CRL >84mm and appropriately used biometric parameters. None of the 28 charts inappropriately used Mean Sac Diameter (MSD) measurements as a dating method. 20/28 samples had EDD changed based on 1st Trimester CRL scans. In the first trimester, if estimated 8w6d or less the discrepancy between LMP and US data should be more than 5 days for a change in EDD to be warranted. If the estimate is between 9w0d-13w6d the discrepancy should be >7days. Out of the 20 patients that fell into this age range, 15 had discrepancies warranting a change in EDD. For the second trimester scans only 3 out of 8 scans were changed in alignment with the ISUOG guidelines of 14w0d-15w6d >7d, 16w0d-21w6d >10d and 22w0d-27w6d >14d. There were no 3rd trimester scans included in this audit.

Overall of the 28 patients where the EDD was changed, 15 were done so in keeping with the ISUOG guidelines and 13 were not.

#### Conclusions

The guidelines were more likely to be implemented correctly if the corrected dating was done in the first trimester 71% vs the second trimester 38%. The causes and factors leading to the low compliance were not analyzed nor were further implications and outcomes of the pregnancies looked at in this audit. However, given the importance of accurate dating there should be a standardized practice of the ISUOG practical guidelines.

## IDENTIFICATION OF BILATERAL ECTOPIC PREGNANCY IN THE HAEMODYNAMICALLY UNSTABLE PATIENT

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### Abstract

Ectopic pregnancy refers to implantation of the fertilized ovum outside of the endometrial cavity. As per the Confidential Maternal Death Enquiry in Ireland Report (2016-2018)[1], ruptured ectopic pregnancy accounted for approximately 3.7% of all maternal deaths over this period. Bilateral EP is an extremely rare form, with a reported incidence of 1 in 200,000 uterine pregnancies and 1 in 1580 EP worldwide.[2]

This case involves a 33-year-old, para 1+1 female presenting to ED. Primary complaint at presentation was sudden onset, severe abdominal pain in the context of a positive home pregnancy test. Estimated gestation was 9 weeks. She denied any PV loss. Ultrasound was performed by the registrar on arrival, revealing extensive free fluid below the left diaphragm. At this time, the MOH Protocol was activated. Consultant Obstetrician on call was informed and the patient was consented for urgent laparotomy ± salpingectomy under GA and transferred to theatre. Massive hemoperitoneum was present, with extensive clot burden. The left fallopian tube was visualized, bleeding profusely and friable. LigaSure was utilized to obtain haemostasis. A second EP was noted following examination of the right fallopian tube. An attempt to perform right salpingotomy was unsuccessful. Ongoing haemorrhage necessitated the decision to perform partial right salpingectomy. The decision was made to transfer to ICU. A total of 4 units RCC, FFP & 2g of fibrinogen were transfused over this period. A follow-up outpatient appointment was organised at 4 weeks. At presentation, the diagnostic imaging modality available was bedside ultrasound. More detailed imaging was not performed due to worsening clinical parameters in this patient. This creates a necessity for complete evaluation of both fallopian tubes intra-operatively to ensure there is no contralateral EP. Bilateral ectopic pregnancy is a rarity. Given the often emergent presentations of patients affected by ruptured EP, it is pertinent to ensure that assessment of both fallopian tubes is performed to effectively outrule its occurrence.

## IS ROUTINE URINE DIP STICK TESTING JUSTIFIED IN ASYMPTOMATIC WOMEN IN EARLY PREGNANCY?

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King's College London

Guy's and St Thomas' NHS Foundation Trust

### Abstract

#### Background

Routine urinalysis is commonly performed in early pregnancy units (EPUs) based on historic evidence that bacteriuria is linked to pyelonephritis, pre-term birth, mid trimester loss and low birth weight. Aim was to assess the cost and diagnostic yield of routine urinalysis in asymptomatic women in early pregnancy. A secondary outcome was the birth outcomes for women with proven bacteriuria.

#### Methods

Retrospective review of all urinalysis performed over 12 month period in a tertiary EPU and analysis of pregnancy outcomes in the proven bacteriuria group.

#### Results

10,490 urinalyses performed at a cost of £40,385.50. 1162 (11%) positive urine dips; 68 (0.6%) nitrite positive. 179 microscopy, culture and sensitivity performed at a cost of £2593.71. Of the 179, 65 were culture positive giving a proven bacteriuria rate of 0.6%. The most common pathogen was E-Coli. There were no recorded episodes of pyelonephritis and no statistical significance in the pre-term birth, mid trimester loss or low birth weight rate in the culture positive versus culture negative group.

#### Conclusions

The cost associated with routine urinalysis is significant and the diagnostic yield is extremely low. We did not identify an association between bacteriuria and adverse pregnancy outcomes. As such, urinalysis should only be performed in symptomatic/ high risk patients presenting to the EPU.

## RETROSPECTIVE REVIEW OF TUBAL ECTOPIC PREGNANCY IN A TERTIARY MATERNITY UNIT IN IRELAND

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4 INFANT Research Centre, University College Cork, Cork, Ireland

### Abstract

**Background** Ectopic pregnancy is where a pregnancy develops in an abnormal location. The incidence of ectopic pregnancy in Ireland in 2016 was 15.1 per 1,000 deliveries. Most ectopic pregnancies occur within the fallopian tube and untreated may result in serious morbidity with complications including blood transfusion, visceral injury at surgery and death. Ectopic pregnancy remains the leading international cause of death in the first trimester of pregnancy.

**Objective** Identify and review the diagnosis and management of tubal ectopic pregnancy in a large maternity unit in Ireland.

**Methods** Retrospective review of records of women treated for tubal ectopic pregnancy in a tertiary maternity hospital from 2020 to 2022. Records were identified from a local database. Anonymised data on risk-factors, symptoms, and management was collected. Data were transcribed from electronic healthcare records and descriptive analyses performed.

**Results** The local database included 239 records, with 212 records included in final analysis. Of the 212 records 44.8% were nulliparous and 26.4% had risk factors for ectopic pregnancy (e.g: assisted reproductive therapy and previous ectopic pregnancy). Primary management employed was conservative (17.5%), medical (34.9%), and surgical (47.6%). Surgery was performed in 115/212 cases (54.2%), including those who started in one treatment pathway but changed to surgical management. Of all those managed surgically, 25.2% (29/115) required emergent surgical intervention due to haemodynamic instability, with 59.1% (68/115) of all surgical cases performed out-of-hours. Consultants were present for 86.1% of surgical cases, performing 35.7% (41/115) with senior registrars performing 64.3% (74/115), with no surgery performed by junior registrar level or below.

**Conclusion** Consultant presence at surgical management of tubal ectopic pregnancy provides opportunistic training for senior registrars. This did not translate to more junior levels of staff. This may be because surgeries were performed out-of-hours or in an emergency setting.

## SECONDARY ABDOMINAL PREGNANCY FOLLOWING A TUBAL ECTOPIC

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### Abstract

#### Background

Ectopic pregnancy occurs in 1-2% of pregnancies(1). Abdominal pregnancies occur in 1 in 10,000 gestations with a 6% mortality(2). The trophoblastic tissue can be attached to bowel, bladder, spleen, liver, uterine wall or ligaments(3). In secondary abdominal pregnancies the products of conception are expelled from the primary implantation site into the peritoneal cavity.

#### Case Presentation

28 year old Female 5+4 weeks gestation presented to the ED with severe suprapubic pain spreading throughout the abdomen. This was on the background of a Medical Termination of Pregnancy 1 week previously.

Her pain was not relieved by analgesia and the patient could not void urine secondary to pain. She had associated light-headedness and dizziness. She had light PV bleeding but she had experienced heavy PV bleeding following the MTOP.

On examination the patient was pale, overtly distressed but was alert. Her abdomen was soft but there was tenderness and guarding throughout. On vaginal examination there was cervical excitation.

Urinary HCG was positive. A TVUS revealed an empty uterus with free fluid and clots in the pouch of Douglas. An adnexal mass was also identified posterior to the uterus.

Impression at this time was a suspected ruptured ectopic.

An emergency laparoscopy was arranged. Intrabdominal blood and clots were present in the pouch of Douglas. Despite the impression of a suspected ruptured ectopic, both tubes and ovaries were normal. On further examination of the pelvis, a pregnancy sac was identified in the pouch of Douglas. It was adherent to the uterosacral ligament

#### Discussion

Abdominal pregnancy is a rare obstetric complication with a high maternal mortality rate. Late diagnosis can result in serious complications such as tubal rupture, haemorrhagic shock and death(4). Management should be initiated as soon as possible to reduce the risk of maternal mortality

## THE IMPACT OF THE COVID-19 PANDEMIC ON CARE OF WOMEN WITH ECTOPIC PREGNANCY IN A TERTIARY LONDON HOSPITAL

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King's College London

Guy's and St Thomas' NHS Foundation Trust

### Abstract

#### Background

In response to the COVID-19 pandemic, a central London tertiary referral hospital's nurse-led Early Pregnancy & Acute Gynaecology Unit (EPAGU) suspended its walk-in service in favour of a telephone triage system with scheduled appointments.

#### Objective

To assess if the pandemic and this adaptation to clinical services had an impact on the presentation, management and complication rate of ectopic pregnancies.

#### Materials and methods

A retrospective review was performed of ectopic pregnancies diagnosed in the EPAGU between 5th of March 2020 - 15th of July 2020 (pandemic) and 5th of March 2019 - 15th of July 2019 (pre-pandemic).

#### Main outcome measures

Ultrasound findings, patient demographics, serum hCG concentrations, operative findings and complications.

#### Results

There was a 36% reduction in attendances to the unit during the pandemic. Allowing for this, there was no significant difference in the diagnosis rate between the two periods. There was no significant difference in the gestation at diagnosis, serum hCG concentration or volume of mass at presentation. There was also no significant difference in rate of surgical intervention or complications including rupture of fallopian tube, haemoperitoneum or need for blood transfusion.

#### Conclusion

This study suggests this is a safe means of caring for women with ectopic pregnancies which does not limit management options nor lead to higher complication rates.

## THE MANAGEMENT OF FIRST TRIMESTER MISSED MISCARRIAGE: A QUALITY IMPROVEMENT INITIATIVE

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### Abstract

#### Background

An initial audit completed from July 2021 to June 2022 showed relatively low rates of successful management of first trimester missed miscarriage with misoprostol alone along with a high propensity for primary surgical management and suboptimal scanning intervals. Following the results of the 'MifeMiso' trial, encouraging results in other Irish units, and national recommendations the combined approach of mifepristone and misoprostol was introduced on November 7th, 2022. An NCHD education session regarding management of first trimester missed miscarriage and the new protocol was completed on this date.

#### Objective

Evaluate the impact of the introduction of the combination of mifepristone and misoprostol in the management of first trimester missed miscarriage

#### Methods

Retrospective analysis of medical records and electronic hospital databases was completed for all cases of missed miscarriage between 7th November 2022 and 15th May 2023 with comparative analysis performed between pre- and post-intervention groups. Information recorded included patient demographics, gestational age, ultrasound measurements, selected management, and details of follow up.

#### Results

A total of 119 cases were identified, six were excluded for incomplete data. Successful primary medical management increased from 59% to 92% post intervention. Pre-intervention 16 (41%) were diagnosed with an incomplete miscarriage following primary medical management compared with 4 (8%) post mifepristone introduction RR 0.19 (95%CI 0.07-0.536, P=0.0016). The percentage of patients undergoing surgical management reduced from 61% to 37% as a consequence of reduced primary surgical management rates and increased efficacy of medical management which equated to a cost reduction of €21,275

#### Conclusion

The introduction of mifepristone has significantly improved the management of early pregnancy miscarriage by reducing the number of cases of failed medical management thereby reducing the need for subsequent surgical management impacting patient care and departmental costs.

## TIMING OF DISCUSSION OF MODE OF DELIVERY IN ANTENATAL OUTPATIENTS DEPARTMENT

Eilis Murphy, Aisling Redmond

Midlands Regional Hospital Mullingar

### Abstract

The aim of this audit was to measure the documentation on discussion of mode of delivery in the antenatal outpatient setting, to enable women to make an informed choice, and to educate on possible delivery methods.

### Background

NICE Guideline #192 outlines that mode of delivery (MOD) should be discussed early in pregnancy and clinicians must provide evidence-based, accessible information to enable women to make well-informed decisions. It is important to discuss various MOD, especially at time of booking, to facilitate this shared decision-making process, but also to inform the woman of possible alternative delivery methods if her birth plan cannot be adhered to in unplanned/emergency scenarios. After focus group discussions, we hypothesized that few women were receiving evidence based information in the antenatal setting on the various MOD, which is not in adherence with current guidelines.

### Method

Patient charts of women who had delivered within a 4-week period (February-March 2023) were analysed. Patients were compared in terms of parity, previous mode of delivery, medical history, obstetric history. Documentation of MOD was assessed. Data was collated using excel.

- Sample size = 42
- Mode of Delivery discussion was not documented in >50% cases (25/42)
- Out of 17 cases discussed, 4 were given an information leaflet
- Women who previously delivered via vaginal delivery were least likely to have a documented discussion, followed by nulliparous women.
- Women who previously delivered via Caesarean Section were most likely to have a documented discussion about their next MOD - with 100% having a documented discussion in this audit.
- Women with no medical history were less likely to have a documented discussion when compared to those with previously diagnosed medical conditions.
- 67% of women who had an emergency caesarean section had no documented discussion of MOD.
- Scope for 'evidence-based, accessible' information leaflet to enable women to make well-informed decisions.

TO OPERATE OR NOT TO OPERATE? – CHALLENGES IN DIAGNOSIS AND MANAGEMENT OF AN INTERSTITIAL ECTOPIC PREGNANCY

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**Abstract**

A 44 year old woman presented for routine early pregnancy ultrasound where findings were suspicious for a tubal ectopic pregnancy. A diagnostic laparoscopy and uterine curettage were both negative. A subsequent transvaginal ultrasound confirmed a non-viable interstitial ectopic pregnancy. Conservative management was employed as she remained haemodynamically stable with reducing serum  $\beta$ hCG. Following ten weeks, her serum  $\beta$ hCG normalised and she was discharged.

Interstitial ectopic pregnancy is a rare form of tubal ectopic pregnancy where implantation occurs within the proximal tubal segment that lies within the muscular uterine wall. Diagnosis may be challenging and is often delayed, thus resulting in increased morbidity than with other forms of tubal ectopic pregnancy. Management of interstitial ectopic pregnancy has traditionally been surgical with laparotomy and uterine wedge resection. Earlier diagnosis of smaller, non-ruptured haemodynamically stable cases has facilitated medical management approaches, while in non-viable cases conservative management has emerged as a treatment option.



# Maternal Medicine

### A CASE OF VASA PRAEVIA DIAGNOSED ON ULTRASOUND SCAN

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#### Abstract

#### Background

Ultrasound scan along with colour doppler has been approved as a great diagnostic tool for foetal and placental abnormalities antenatally thus guiding further management plan, anticipating complication and enhancing positive outcome, We are presenting a case of vasa previa that has been diagnosed antenatally with subsequent follow up and planned delivery with good outcome.

#### Case History

34-year-old female in her third pregnancy with previous forceps delivery and spontaneous vaginal delivery respectively and no significant medical or surgical past history. She had routine dating scan, subsequent anomaly scan at 21 week revealed posterior low placenta with marginal cord insertion. Follow up scan at the high-risk clinic at 26 weeks with coloured doppler confirmed the same finding, the patient remains asymptomatic with no history of bleeding, had elective admission at 30 weeks and 6 days and a course of steroid followed by a planned caesarean section at 34 weeks, she had a healthy baby and placenta was sent for histopathology.

#### Discussion

Vasa praevia is a rare, serious condition that could greatly affect the life of the foetus, it occurs when the vessels of the umbilical cord traverse the internal os of the cervix. Intrapartum diagnosis should prompt urgent delivery as vaginal bleeding from the vessels when membranes rupture can result in foetal compromise or even death. Antenatal diagnosis on ultrasound scan has been traditionally linked to velamentous or lower insertion of the cord. The use of transvaginal ultrasound scan along with the colour doppler ultrasound increase both the sensitivity and specificity up to 99% in systemic review. Management has been relying mainly on observation as in patient from 29 or 30 weeks onward as bleeding is unpredictable. A course of corticosteroid along with elective planned delivery between 34 to 37 weeks has been associated with good outcome.

#### References

(Systematic review of accuracy of ultrasound in the diagnosis of vasa previa

L Ruiter 1, N Kok, J Limpens, J B Derks, I M de G

## A CROSS-SECTIONAL SURVEY OF WOMEN'S VIEWS AND PREFERENCES FOR PRETERM BIRTH SCREENING AND TREATMENT

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The Coombe Hospital, Dublin

### Abstract

#### Background

There are no current studies examining pregnant women's preferences and concerns about preterm birth (PTB) screening in Ireland

#### Objectives

Primary outcomes were to determine; 1) the desire for more patient information from healthcare professionals on preterm birth prevention, 2) the desire for PTB screening surveillance or participation in research or 3) the acceptability of transvaginal ultrasound (TVUS) or vaginal examinations to predict spontaneous PTB.

#### Methods

A 19-question, piloted, self-administered survey was completed by unselected pregnant women in a tertiary maternity hospital in Dublin, Ireland. Data was collected to include maternal socio-demographics, past obstetric history, and current pregnancy details, in addition to views and preferences on PTB screening and preventative treatments.

#### Results

277 women completed the study survey. 9.4% of women had attended the preterm birth surveillance clinic (PSC). 75.1% of respondents indicated a preference for more information from healthcare professionals about PTB. 65% reported that TVUS and vaginal examinations were acceptable in pregnancy. The acceptability of antenatal examinations was significantly influenced by ethnicity; white European (OR 2.58, CI 1.12-5.95,  $p=0.003$ ) and Asian (OR 3.39, CI 1.18-9.67,  $p=0.02$ ). Discomfort (25.3%) and vaginal bleeding (11.9%) were the most frequently reported concerns about TVUS. 95.7% of unselected women indicated that they would accept treatment to prevent PTB. Vaginal progesterone (53.8%) was preferred treatment compared to cervical cerclage (15.9%) or cervical pessary (16.6%).

55.6% of respondents stated they attend or wish to attend for additional appointments or research opportunities for PTB screening. Women with a previous PTB or second trimester miscarriage were more likely to wish to attend for PTB screening (OR 3.23, CI 1.34-7.79,  $p=0.009$ ).

#### Conclusion

PTB is an important healthcare priority for pregnant women in Ireland. However, women require more information, and reassurance about the utility and safety of TVUS in pregnancy

A STUDY OF CAESAREAN SECTION (CS) INDICATIONS IN NULLIPAROUS WOMEN IN UNIVERSITY HOSPITAL KERRY (UHK)

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**Abstract**

**Aim:** Identify factors contributing to high CS rate between 01/06/2022-31/08/2022.

**Background:** Compared to vaginal delivery (VD), CS has greater risk for severe maternal morbidity and mortality. One of the strategies to lower the overall CS rate, is the prevention of primary CS. According to the Irish Maternity Indicator System (National Report 2021), there was considerable variation in CS rates across maternity units, ranging between 27% and 44%.

**Method:** Retrospective data collection from MN-CMS on nulliparous women delivered by CS between 01/06/2022 and 31/08/2022. Google Forms data collection tool used to capture and interpret data.

**Result:** There were 286 births in UHK between 01/06/2022 and 31/08/2022. 38% were nulliparous women.

45.5% of nulliparous women had a CS, accounting for 42% of the total caesarean deliveries.

50% of patients were between 26-35 years old

30.8% had class 1 obesity

1 patient had previous uterine surgery

15% had ? 1 previous early pregnancy loss

88% had > 8 antenatal visits

82% were public patients, 17% private patients

2% had oligohydramnios

3.9% had intrauterine growth restriction

3.9% had premature rupture of membranes

53.8% of the nulliparous women had induction of labor (IOL), 90% of them had vaginal prostaglandins

87% had Bishop Score <5

54% had IOL > 40 weeks, 44% between 37-40 weeks, 54.8% for maternal indications, 51% for fetal indications

63% had emergency CS: 26.9% for non-reassuring CTG (NRCTG), 15.4% for failed IOL, 13.5% for poor progress of labor, 7.7% for maternal request, 5.8% for malpresentation and 5.8% for failed operative VD.

15% of women had an epidural

**Other risk factors:** mental health issues - 25.5%; 5.7% were smokers, 1.9% drug misuse, 2% chronic hypertension, 3.9% pregnancy induced hypertension, 5.9% pre-eclampsia, 5.9% gestational diabetes mellitus

**Conclusion:** Most of the nulliparous women had emergency CS. The main indication was NRCTG, followed by failed IOL. Training is required for correct CTG interpretation, as the definition of NRCTG was not accurate in all cases.

# ABILITY OF A SPECIALIST PRETERM BIRTH SURVEILLANCE CLINIC TO TRIAGE RISK OF PRETERM BIRTH: RESULTS FROM A SINGLE TERTIARY CENTRE

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## Abstract

### Background

Between 2019 and 2023, there has been a 160% increase in preterm birth specialist clinics (PSCs) in the United Kingdom. There is considerable momentum in the international obstetric community to define referral criteria, research and disseminate knowledge to facilitate interventions to the prevent both spontaneous and iatrogenic preterm births (PTB).

Subsequently, screening by transvaginal cervical length (CL), fetal fibronectin (fFN) measurements and the QUantitative Innovation in Predicting Preterm Birth app (QUIPP) is currently recommended antenatal care for asymptomatic women at high risk of spontaneous preterm birth.

### Objective

To report the obstetric outcomes in high risk asymptomatic women who attended a specialist PSC to undergo screening for spontaneous PTB

### Methods

Single centre, retrospective observational study of 786 women. A comprehensive database of all patients who attended the clinic between the study period was constructed. Hospital charts were interrogated for all patients to review demographic details, maternal and neonatal outcomes.

### Results

762 study participants with complete outcome data were identified, which constituted 2262 PSC visits. 183 women were prescribed progesterone (24.0%), and 100 women underwent cervical cerclage (13.1%) to prevent spontaneous preterm birth. 181 patients were admitted to hospital for preterm prelabour rupture of membranes (PPROM) or threatened preterm labour (23.8%) and 29.3% of women received antenatal corticosteroids. However only 8.1% of patients experienced PPRM and 2.4%, 6.2% and 18.6% gave birth prior to 30 weeks, 34 weeks, and 37 weeks respectively. Women who delivered < 37 weeks were significantly more likely to be smokers ( $p=0.03$ ), have a previous spontaneous PTB ( $p=0.02$ ), multiple pregnancy ( $p<0.001$ ), type 1 or 2 diabetes ( $p=0.04$ ), or have a previous full dilatation caesarean section birth ( $p=0.02$ ).

### Conclusion

Pregnancy outcomes are similar to those reported by other PSC studies. The majority of women attending PSCs do not require treatment beyond cervical surveillance.

## ADVANCING PREECLAMPSIA DIAGNOSIS: BRIDGING THE GAPS IN DETECTION FOR ENHANCED MATERNAL AND PERINATAL OUTCOMES

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### **Abstract**

**Background** Pre-eclamptic toxæmia (PET) is a pregnancy-specific hypertensive disorder which increases maternal and perinatal morbidity and mortality, and affects ~10% of pregnancies. PET investigations occur in ~30% of pregnancies. However, the proportion of women whose PET diagnosis is later confirmed has not been elucidated. Delivery is the only cure and the current gold-standard diagnostic tool is only clinically validated in singleton pregnancies <37 weeks gestation. There is an unmet need for a test that encompasses the whole term of the disease, including the postpartum period, that is validated for multiple pregnancies.

**Objective** To investigate the prevalence of PET in a clinically suspicious patient cohort and identify the most common gestational period.

**Method** Recruitment for the AI\_PREMie study took place in two clinical sites (National Maternity Hospital and The Coombe) across a six-week period. Patients with pregnancy induced hypertension (PIH), clinically suspected and recently confirmed PET were identified by staff in the antenatal wards and phlebotomy based on predefined eligibility criteria. Post hoc analysis determined recruitment prevalence and average gestations of this study cohort.

**Results** During the eight-week period, seventy-two patients were recruited. Nine were clinically diagnosed with PET at recruitment at the average gestation of 36 weeks + 2 days ( $\pm 5w + 2d$ ).

Sixty-three patients had PIH or suspected PET at recruitment at the average gestation of 33 weeks + 3 days ( $\pm 7w + 2d$ ). 44.4% of this cohort were recruited at  $\geq 37$  weeks gestation. To date, thirty-three of these patients have delivered with fifteen (45.5%) developing PET post-recruitment.

**Conclusion** PET has a significant impact on pregnancy outcomes. Currently, no validated diagnostic tool exists for  $\geq 37$  weeks gestation. Preliminary results provide an insight to PET prevalence in suspected patients and demonstrate an unmet need for a diagnostic test  $\geq 37$  weeks gestation.

## AN AUDIT OF LIVER FUNCTION TESTS MEETING REPORTABLE CRITERIA

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### Abstract

**Introduction** Renal or Liver dysfunction are the 4th most common cause of severe maternal morbidity nationally, accounting for 10.3% of cases.

**Aims** The purpose of this audit is to identify the demographic information of the patients who had severely deranged LFTs, record their primary pathology, and pregnancy outcomes.

We examined patient characteristics when stratified based on their degree of biochemical abnormality.

**Methods** Inclusion criteria were all patients with either ALT or AST > 200 or Bile Acids >150.

Retrospective chart review revealed demographic information including age, parity, and pregnancy outcomes.

**Results** 53 cases were identified from blood tests taken in our hospital.

49 of these cases were delivered in this hospital. Of the 4 cases that delivered elsewhere; 3 transferred care to peripheral hospitals when an appropriate gestation was surpassed, and 1 case was seen in NMH for fetal medicine opinion, but was planned for delivery in the referring unit.

In cases where delivery information is available;

Mean maternal age was 33 years old (SD=5.6).

The causes of abnormal Renal/ liver tests were found to be Pre-Eclampsia or HELLP in 15 cases, Obstetric cholestasis 22 cases, Cholelithiasis/Cholecystitis in 4 cases, Viral Hepatitis caused 1 case.

11(20%) cases did not have a formal diagnosis documented in the chart or the cause remained idiopathic.

The median gestational age at delivery was 38+0 weeks. 34 (64%) cases were delivered greater than 37+0 weeks gestation.

1 case was complicated by an IUD, and 1 case resulted in the NND of 1 twin, with the other twin remaining alive and well.

Median birth weight of singleton babies was 3.2kg.

**Discussion** This audit shows the patient demographics and pathogenesis of deranged LFTs in our unit. It shows that pregnancy outcomes remain quite good, despite abnormal test results.

The number of cases produced by this review show that there might be under-reporting of cases, with wider implications for data collection nationally.

## AN AUDIT OF REFERRALS TO THE PRETERM BIRTH SURVEILLANCE CLINIC

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### Abstract

#### Background

Complications of preterm birth are the leading cause of neonatal mortality and were responsible for 35% of the world's 2.5 million deaths in 2018. Preterm birth is most commonly defined as any birth before 37 weeks' gestation. Two thirds of all preterm births are spontaneous, while the remainder are started by healthcare providers for maternal or fetal indications. Surveillance of women with risk factors for preterm birth can identify those most at risk of early delivery to allow for timely intervention to minimise maternal and fetal morbidity

#### Objective

To assess compliance to referral guidelines to the preterm birth clinic in the Coombe Hospital

#### Methods

Booking history of all women in the period from July to December of 2021 was reviewed to identify women who fulfilled the criteria for referral. IPMS system was referenced to assess if these women had appointments in the clinic

#### Results

Criteria analysed were: Uterine abnormality, previous cone biopsy, LLETZx2 or more, spontaneous 2nd trimester miscarriage between 14-23+6, spontaneous preterm delivery before 37 weeks of gestation. PPRM with preterm delivery

In total 128 women satisfying criteria were found. Out of those, 51 women (37%) were not referred and 77 women (53%) were appropriately referred. After reviewing all referrals another 10 women were found who were referred to the clinic but did not meet referral criteria. Out of women who were appropriately referred, 11 (15.5%) delivered preterm in the current pregnancy and 6 (8.5%) had a first trimester miscarriage. In the women who met the criteria but were not referred to PTB, 10 (20%) delivered preterm.

#### Conclusion

Significant number of women have not been referred to the PTB. Burden of women having preterm delivery could be avoided with appropriate referral and follow up in these clinics, with the use of interventions if needed to minimise morbidity

## AN AUDIT ON EXTERNAL CEPHALIC VERSION AND OUTCOMES IN AN IRISH REGIONAL HOSPITAL

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### Abstract

#### Background

Breech presentation is a common malpresentation encountered in 3-4% of term pregnancies. External Cephalic Version (ECV) is endorsed by RCOG and ACOG as safe procedure to reduced rates of caesarean delivery. ECV is considered effective with a success rate of 50%. 1,2

#### Objective

To perform an audit of ECV service at Tipperary University Hospital to determine the outcome and complications. Success rate will be calculated and percentage of women with successful ECV who achieved vaginal birth. To ensure best practice is being followed and recommend improvement if necessary.

#### Study Design And Methods

Retrospective audit of all ECV performed at Tipperary University Hospital from December 2020 until December 2022. Total of 15 women attend for ECV with diagnosis of breech presentation. 5 patients were excluded, 3 turned spontaneously to cephalic, and 2 patients denied procedure on arrival to labour ward due to anxiety.

#### Results

In total 10 women underwent ECV between December 2020 and December 2022. Success rate was 50% with no complication in all 10 patients.

In women with successful ECV, rate of vaginal delivery was 80% and rate of caesarean section was 20%. While women with unsuccessful ECV 100% underwent caesarean delivery.

Overall, local success rate reflects recommended standard for best practice. Moreover, success rate seems to strongly correlates to parity of women undergoing ECV. With all the successful ECV (100%) were multiparous women. For failed ECV; 80% were nulliparous and 20% were multiparous.

#### Conclusions

External Cephalic Version (ECV) is a safe procedure and has a low complication rate. ECV should be offered as an option for the mother on the basis of informed consent. Counselling about options for breech should be positive about ECV to improve uptake with a high chance of vaginal delivery. Multi-parity seems to be associated with successful ECV. There is scope for further audit to explore various foetal and maternal factors to predict for a successful ECV.

## ANTENATAL CORTICOSTEROIDS - WHO DECIDES?

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### Abstract

#### Introduction

Preterm birth is a leading cause of childhood morbidity and mortality. Antenatal corticosteroids (ANS) are among the most important interventions in the prevention of morbidity and mortality in the preterm infant. Steroids have shown benefit in the reduction of the rate of perinatal death, neonatal death and respiratory distress syndrome. A judicious approach to administration of steroids is important as there is a growing body of evidence to support the narrow timeframe of efficacy of ANS and also some data suggest possible a link to adverse neurocognitive outcomes in childhood.

#### Methods

Retrospective cohort study of all patients who received antenatal corticosteroids (ANS) in pregnancy between January 2019 and June 2022, at the National Maternity Hospital, Dublin. Complete data was obtained from the electronic healthcare record with approval from the Research Ethics Committee.

#### Results

1551/26181 (5.9%) pregnant women received ANS in the antepartum between January 2019 and June 2022. ANS were administered to 939 patients at <34 weeks, 373 women between 34 - 37 weeks and 239 women at >37 weeks. Overall ANS were prescribed by senior house officer (23%), registrar (54%), consultant (13%), midwife (1%) and unknown (8%). The decision to administer steroids was discussed with a consultant in 28% of cases.

#### Discussion

Accurate prediction of preterm birth is a clinical challenge. Where a registrar was prescribing steroids in the majority of cases, the decision to administer ANS was made by the most junior staff in 23% of cases. Discussion with a consultant was documented in only 28%. Involvement of senior clinicians in decision making around administration of steroids is likely to reduce the proportion of ANS given outside of the effective therapeutic window and careful documentation of this is important.

ASSESSING THE CLINICAL AND COST IMPLICATIONS OF PLGF IN THE ASSESSMENT OF HYPERTENSIVE DISORDERS OF PREGNANCY

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**Abstract**

**Background** Pre-eclampsia (PET) is associated with significant maternal and fetal morbidity and mortality. Placental growth factor (PLGF) is an angiogenic hormone present in maternal serum. Low PLGF levels are associated with placental dysfunction and increase the likelihood of PET. PLGF is a useful biomarker in distinguishing PET from other hypertensive disorders of pregnancy.

**Aim** To assess the clinical and cost implications of using PLGF in the evaluation of patients admitted for the assessment of a hypertensive disorder of pregnancy.

**Design/Methods** Participants were recruited from patients admitted for the assessment of a hypertensive disorder of pregnancy after 23 weeks gestation. PLGF was measured. The clinical team were blinded to the PLGF result. A retrospective analysis of care pathways using an accepted PLGF care algorithm was performed. Healthcare cost was based on published HSE data.

**Results** 51 patients were recruited, and divided into three cohorts:

1. PLGF <12pg/ml = 21.6 % (11/51).

Index admission length of stay (LOS) = 29 days in cohort. 5 patients discharged prior to delivery. If they had remained as inpatients, there would have been a 17 day increase in LOS. Additional cost = €12,851.

Mean time from PLGF to delivery was 6.8 days (1-22).

2. PLGF 12-100pg/ml = 56.9% (29/51).

Index admission LOS = 67 days in cohort. If these patients were not admitted, there would have been a 91 day reduction in LOS. Cost saving = €68,796.

Mean time from PLGF to delivery was 12.0 days (1-41).

3. PLGF > 100 pg/ml = 21.6% (11/51).

Index admission LOS = 35 days in cohort. If these patients were not admitted, there would have been a 40 day reduction in LOS. Cost saving = €30,240.

Cost saving per PLGF test = €1689.

Mean time from PLGF to delivery was 31.9 days (7-89).

**Conclusions** Using PLGF to assess hypertensive disorders of pregnancy could save the hospital €1689 per patient. This approach appears safe. Outpatient assessment support is required.

## ASSESSMENT OF ANTENATAL ANXIETY AND DEPRESSION IN PREGNANT WOMEN WITH POLYCYSTIC OVARIAN SYNDROME

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### Abstract

**Background** Women with polycystic ovarian syndrome (PCOS) experience higher rates of depression and anxiety. There is a paucity of research relating perinatal mental health in women with PCOS, as well as a lack of evidence-based guidelines for the assessment or management of mental disorders specific to pregnant women with PCOS. Limited available evidence suggests PCOS is associated with higher prevalence of perinatal mental health disorders. However, perinatal guidelines currently do not recognise PCOS as a risk factor for perinatal mental health disorders. International evidence-based PCOS guidelines have highlighted the lack of research in this area.

**Objective** We aimed to prospectively assess the prevalence of mental health disorders in pregnant women with PCOS and highlight the need to screen for common perinatal mental disorders in women with PCOS.

**Study Design** Consenting pregnant women, with and without PCOS, were invited to participate. Standardised validated questionnaires were carried out including Generalised Anxiety Disorder Assessment (GAD-7), Patient Health Questionnaire (PHQ-9) and Edinburgh Postnatal Depression Scale (EPDS).

**Findings/ Results** To date, 107 women have been invited to participate with 64 responses – 43 with PCOS and 21 without PCOS. Interim analysis shows 47% of women with PCOS had a mental health diagnosis prior to pregnancy compared to 21% of women without PCOS. Pregnant women with PCOS had a higher median anxiety score (6, IQR 2-12) and depression score (5, IQR 3-9) than women without PCOS (GAD7- 4, IQR 1-7, PHQ9- 3, IQR 1-8). Women with PCOS were more likely to experience moderate/severe anxiety (PCOS 35%, control 14%) and depression symptoms than women with PCOS (PCOS 21%, control 14%). Women with PCOS had a higher median depression score with EPDS (10, IQR 4-14) than women without PCOS (5, IQR 3-7,  $p=0.02$ ).

**Conclusion** Interim analysis suggests higher prevalence of perinatal depression and anxiety in women with PCOS. Our findings may suggest increased screening for mental health disorders in women with PCOS.

## ASSESSMENT OF PATIENTS ADMITTED IN HIGH DEPENDANCE UNIT IN CORK UNIVERSITY MATERNITY HOSPITAL

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Cork University Maternity Hospital

### Abstract

#### Background

The death of a mother, a young woman who had hopes and dreams for a happy future but died before her time, is one of the cruelest events imaginable. Such a tragedy's short- and long-term impact on her surviving children, partner, wider family, the community and the health workers who cared for her cannot be overestimated. Yet despite considerable advances in maternity care and world-class care provided by highly trained and motivated professionals, good maternal health is still not a universal right, even in countries like ours, with high-quality maternity services and very low maternal mortality and morbidity rates.

#### Objective

To analyze HDU needs within the obstetric/gynaecological population at Cork University Maternity Hospital (CUMH), focusing on admission reasons, antenatal/postnatal cases, readmissions, and length of stay.

#### Study Design and Method

Retrospective data was collected from JAN 2023 to March 2023 in HDU Cork Maternity Hospital. Data related to the obstetric /gynae population, indications for admission, antenatal/postnatal, readmission, and length of stay and results were analysed.

#### Results

In CUMH, most HDU admissions are from obstetrics, with 67 out of 76 patients being obstetrics cases. Obesity remains a prominent risk factor, with 34 patients having a BMI > 30 and 6 with a BMI > 40. Postnatal admissions constitute 39 cases, while antenatal admissions amount to 28. Antenatal admissions feature conditions like PET/HELLP (8 cases), PTL/PPROM (6 cases), and APH (4 cases). Additional admissions (10 cases) encompass seizures/neurological symptoms, abnormal CTG (2 cases), MgSO<sub>4</sub> infusion for neuro-protection (2 cases), sepsis, DKA, and haematological disorders.

#### Conclusion

Early screening of high-risk mothers, vigilant antenatal care and proper maintenance of asepsis during delivery and postpartum can reduce HDU admission rate and result in healthier outcomes.

ASYMPTOMATIC HYPERTRIGLYCERIDEMIA IN PREGNANT LADY DIAGNOSED DURING DELIVERY IN WGH

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Wexford General Hospital

**Summary** 33 years Asian lady presented at term in labour and had spontaneous vaginal delivery complicated by primary PPH with grade two perineal tear noticed to have strawberry milk shake bloods and grase blood when samples taken for group cross match and u&E , LFT .

All samples had failed to be processed except for FBC due to lipaemia .

Her lipid profile showed hpertriglycemia 80 times above the upper normal limit though patient was asymptomatic.with mild raise in serum lipase Amylase couldn't be processed as well

**Background** The pregnancy hormones can lead to change in lipid profile and for TG to be increased 3 times by third trimester and this can be happening more if there is a background family history of hypertryglyceridemia or the women her self develop GDM or known case of insulin resistance. And that high level can put the patient under risk of having pancreatitis or develop hypervescosity and preeclampsia

There is few cases out side pregnancy for infants as well as adults for same condition but there is few cases seen or diagnosed for first time during pregnancy , in this case there was no previous personal or family history of same as well as the patient was not diabetic , her GTT normal as per Irish reference.

**Case presentation:**

Asian origin Kora, P1 +1 now, No significant Medical or Surgical History, NKDA, BMI 23.2, Booked at 18 wks +5 days , ORh+ve, Vaccinated COVID 19 x3, Rubella non immune, Waiting her Cx smear, Normal Anomaly scan

Started as MLC then has one episode of palpitations around 28/40 wks then transfer to CLC

Went for FBC &TSH all normal

She presented at 40 wks in labour, delivered sponontenous

PPH of 1320 ml

With one spike of temperature , her bloods noticed to be strawberry as she bleeding per vagina as well the blood which has been taken to investigate her PPH and spike temperature bloods in bottles noticed to be milky

Medical team involved and ask for her triglyceride.

AUDIT EXAMINING ASPIRIN PRESCRIBING FOR RISK REDUCTION OF PRE-ECLAMPSIA AND PLACENTAL INSUFFICIENCY

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Abstract

Background

Hypertensive diseases in pregnancy are a leading cause of maternal and neonatal morbidity and mortality. Low dose aspirin (LDA) 75-150mg has been shown to reduce pre-eclampsia (PET)/placental insufficiency in those with identifiable risk factors when commenced prior to 16 weeks' gestation. Recommendations to commence LDA in those with risk factors is reflected in the RCPI and NICE guidelines.

Objective

Assess adherence to national/international guidelines regarding aspirin prescription practice for patients with risk factors for PET/placental insufficiency at booking.

Study Design & Methods

Retrospective audit of patients attending public or semiprivate antenatal clinic (ANC) for booking assessment over two weeks (27/02/23–09/03/23). Charts were reviewed and aspirin prescribing for patients meeting guideline criteria was examined. Private patients were excluded due to challenges obtaining booking schedules.

Results

n=201 (public 159/201, semiprivate 42/201) patients attended for booking during this period. 18.9% (n=38; public 29/38, semiprivate 9/38) of patients met criteria for aspirin prescription. Of these, only 28.94% (n=11) at increased risk of PET/ placental insufficiency were correctly prescribed LDA before 16 weeks. 1 patient meeting criteria (2.63%) was taking aspirin prior to booking. 2 patients not meeting criteria were prescribed LDA at booking for previous IUGR. Semiprivate clinics had higher rates of appropriate LDA prescribing compared to public ANCs, 44.4% (4/9) v 24.1% (7/29), respectively. The most commonly missed high risk indication for patients not prescribed LDA was unexplained recurrent miscarriage, whereas age >40 years and nulliparity was most often missed in those with ≥2 moderate risk factors.

Conclusion

Unfortunately, the majority of studied patients at risk of PET/placental insufficiency were not appropriately prescribed LDA at booking. A series of interventions are planned to assess knowledge and increase awareness of relevant guidelines to improve aspirin prescribing rates for eligible patients.

## AUDIT OF VTE RISK ASSESSMENT IN PREGNANCY AND THE POSTPARTUM

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### Abstract

#### Background

A revised venous thromboembolism (VTE) risk stratification form was introduced to the Department of Obstetrics and Gynaecology in Galway University Hospital in February 2022. This new form utilised colour coding to highlight different risk groups and was more visually attractive than the previous form.

#### Objective

The aim of this audit was to assess VTE risk assessment in the antenatal and postpartum setting before and after the introduction of the new VTE risk stratification form in line with Royal College of Obstetricians and Gynaecologists (RCOG) guidance.

#### Study Design and Methods

We performed a retrospective audit of 80 charts, 40 from women who delivered in January 2022, prior to the introduction of the new risk stratification form and 40 from women who delivered in January 2023, after the introduction of the new form.

Charts were reviewed to assess whether VTE risk was calculated at the correct time points. We also assessed if the score has been calculated correctly and, if indicated, that the correct dose of low molecular weight heparin (LMWH) had been prescribed.

#### Findings/Results

Increased compliance with VTE risk assessment at each stage of pregnancy was noted after introduction of the new VTE form. At booking it had increased from 77.5% to 84.2%. At 28 weeks it increased from 0% to 38.5%. On admission it increased from 70.8% to 83.3% while after delivery it increased from 70% to 72.5%. On discharge, compliance had increased from 57.5% to 75%. With the exception of the booking visit, more patients had the correct VTE risk score assigned after introduction of the new form. Prescription of LMWH improved post-delivery and on discharge with the new form.

#### Conclusion

Compliance with VTE assessment ranged from 38.5-84.2%. Risk assessment at 28 weeks was particularly low ranging from 0-38.5% in the two groups. Future training will aim to increase compliance and provide training on use of the VTE risk assessment form to ensure that the correct score is assigned and that the correct dose of LMWH is prescribed if indicated.

### AUDIT: STI SCREENING IN ANTENATAL PATIENTS AGED 25 YEARS OR YOUNGER AT BOOKING VISIT

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#### Abstract

##### Background

Chlamydia trachomatis (CT) is the most common sexually transmitted infection (STI) across developed countries, with females aged 20-25 years at highest risk of infection. With many known risks of CT in pregnancy and 70% of women infected remaining asymptomatic, institutions have implemented STI screening programmes for antenatal patients ≥25 years to reduce the rate of serious, but preventable risks.

##### Objective

The pilot programme for STI screening in MRH was implemented in March 2023. The objective of this audit was to assess the uptake of screening, the prevalence of STI in this population, and the management of positive results.

##### Study design and Method

Audit standards: British Association for Sexual Health and HIV (BASHH), the UK National Screening Committee, the Centre for Disease Control and Prevention, the US Preventive Services Task Force and NICE guidelines. Method: A retrospective chart and iPMs review from 3rd April and 3rd May 2023. Target population was women 25 years of age or younger who attended antenatal booking visit. Data was collated using excel.

Results: as per table.

##### Conclusion

This audit was carried out approximately one month after the start of the screening programme in MRH. On review of results, 9 of the 31 women were 25 years old, and were not offered screening tests. We recommend including women aged 25 years in the STI Screening programme as they are within the age group at risk. This audit also highlighted the lack of documentation of consent (63%). It is important that informed consent is carefully documented, with the women understanding that the STI are notifiable diseases, and the involvement of contact tracing. Finally, of the 2 women who tested positive for CT, despite both receiving appropriate treatment, only one had clear documentation regarding referral and follow up in a sexual health clinic for contact tracing, treatment and test of cure. We recommend ensuring that all tests are followed carefully and that all follow up is documented in their obstetric chart.

### AUTOIMMUNE HEMOLYTIC ANAEMIA IN PREGNANCY: A REPORT OF TWO CASES

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#### Abstract

#### Background

Autoimmune hemolytic anaemia in pregnancy is rare and not well described in literature. The diagnosis of AIHA is made in presence of hemolysis, positive direct antiglobulin test (DAT) and anaemia. The most common type is warm autoimmune hemolytic anemia (80%) followed by cold type (20%) and very rare the mixed type. AIHA can be autoimmune, alloimmune or drug induced based on the antigenic stimulus responsible for immune response.

#### Case reports

We present first case of 'cold type AIHA' with episode of acute hemolysis at 27weeks gestation and managed with Multidisciplinary team input and needed more than 14units RCC transfused. The second case is 'mixed type of AIHA', one of the rarest form of AIHA. Second case had uncomplicated antenatal and postnatal period with no hemolytic episodes and no blood transfusion required. Both cases were managed by high risk obstetric team in collaboration with haematology and endocrinology team.

#### Conclusion

AIHA in pregnancy are rare and needs MDT management to prevent maternal and fetal morbidity in these cases of AIHA. Early and thorough investigation of anaemia with exclusion of other common causes of hemolysis is crucial for early detection and management.

## BEYOND THE SCALES: MATERNAL BODY COMPOSITION AND NEONATAL SIZE AND ANTHROPOMETRY

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### Abstract

#### Background

There is increasing evidence linking adverse birth weight with cardiovascular and metabolic disease in adulthood. Interventions to influence birth weight by influencing maternal body composition have been unsuccessful. However, the relationship between both maternal and neonatal anthropometry and metabolic health is complex.

#### Objective

To assess the relationship between first trimester maternal body composition and neonatal body composition at birth.

#### Study Design And Methods

This was an observational cohort study. Maternal body composition was measured in the first trimester of pregnancy in mothers with singleton pregnancies using bioelectrical impedance analysis (BIA). Birth weight was measured within an hour of birth and neonatal body composition within 72 hours of birth using air displacement plethysmography. Birthweight centiles for gestational age at birth were used for comparative analysis. Data was analysed using SPSS (IBM Corp).

#### Results

First trimester BIA was measured in 958 women and all babies had a measured birthweight. Neonatal body composition was measured in 368 neonates. The mean maternal age was 29.8 years (SD 5.4). The mean maternal BMI was 25.5 kg/m<sup>2</sup> (SD 5.2). The mean gestation at BIA measurement was 12.5 weeks (SD 2.3). The mean birthweight was 3534g (SD 471g). The mean gestation at birth was 40.0 weeks (SD 1.2). On linear regression analysis, birthweight correlated weakly with maternal BMI ( $r=0.15$ ) and maternal percentage adiposity ( $r=0.17$ ). Neonatal percentage adiposity correlated weakly with maternal BMI ( $r=0.28$ ) and maternal percentage adiposity ( $r=0.24$ ). Large ranges of birthweights and neonatal adiposity were seen at all quintiles of maternal BMI and maternal percentage adiposity (Figure 1).

#### Conclusions

There is no direct correlation between measures of maternal weight and adiposity and neonatal weight or adiposity. Given the wide range of neonatal outcomes seen at all levels of maternal adiposity it is likely that a precision approach will be required to unravel the maternal drives of fetal growth.

## CASE REPORT OF SEVERE MALARIA REACTIVATION IN PREGNANCY AFTER ONE YEAR OF TRAVEL TO IRELAND

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### Abstract

**Case Presentation** We are presenting a case of a 27-year-old lady who is originally from Sudan, moved to Ireland one year ago. She presented to hospital at 33 weeks gestation with fever, headache fatigue, malaise and generalized body ache. She had no history of flu symptoms, no symptoms of vomiting or diarrhoea. She was happy with baby movement and denied any abdominal pain, or vaginal loss. Her examination was unremarkable apart from maternal tachycardia and foetal tachycardia on CTG. Her blood tests revealed renal and liver functions and had a negative Covid test. She had worsening headache, fever and hypotension, Sepsis 6 protocol was initiated for pyrexia of unknown origin with Tazocin and Gentamycin. Anaesthetic review and microbiology input has been sought as worsening hypotension and tachycardia along with high temperature, her blood and urine cultures revealed no growth, had normal chest X-ray, abdominal ultrasound and Echocardiography were normal with negative lumbar puncture. eventually she was transferred to I.C. U for Inotropic support and started to have bloody stained urine. Screening for Malaria revealed positive test for malaria and blood film confirmed plasmodium Ovale. Infectious disease advised treatment with Riamet. On next day, As She was continually needing inotropic support, Decision of emergency Caesarean section was made resulting in delivery of health baby. The patient dramatically improved there after and was discharged in good condition.

**Discussion** Severe malaria in pregnancy can be associated with high maternal and foetal mortality and morbidity. The commonest sub-type is Plasmodium Falciparum. Reactivation of malaria infection is mainly associated with Plasmodium Ovale and Plasmodium Vivax infection which can occur several months and up to 4 years from the primary infection. Complications of severe malaria result from cytoadherence of the parasite within the blood vessels of the brain, kidneys and other organs along with sequestration of the parasite within the placenta. Complications include impaired consciousness, pulmonary oedema, ARDS, haemoglobinuria, gram negative septicaemia and circulatory collapse. Multidisciplinary team input is vital, including obstetrician, intensive care physician, neonatologist with infectious disease input is vital to guide the management plan, as patient response to anti-malarial treatment might be variable due to previous exposure or drug resistance. Risk of vertical transmission should be explained to the woman with placenta and cord testing and blood film for the new born, along with a plan to treat any further relapses. This case represents a challenging diagnosis in a setting of deteriorating pyrexia of unknown origin, and should be considered in cases where no bacterial source is present and where risk factors exist.

**Key Message** History of travel to malaria endemic countries, is the key to guide clinical suspicion and further diagnosis and management.

### CASE REPORT: PREGNANCY IN PRE-EXISTING TRANSVERSE MYELITIS

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#### Abstract

**Background** Transverse myelitis (TM) is a neurological disorder caused by inflammation of the spinal cord. There are only 5 published cases on the management so there is lack of data on management of pregnancy in women with pre-existing TM. Mode of delivery in these women is complex and requires input from a MDT.

**Introduction** SM is a 20-year-old P0G1. Presented with a SIUP at 16w0d for booking. Diagnosed with TM after a viral infection at age 4 (progressive lower limb weakness and inability to walk, 1 month after her MMR booster). Wheelchair-bound, mobilised with the aid of crutches and orthotics. Full bladder and bowel control.

**Clinical Findings** BMI was 34kg/mg2. She had bilateral lower limb deformities. Full sensation in both legs but with weakness. Upper limbs unremarkable. Social Care student, stable support system. Swimming and wheelchair basketball. Commenced LMWH. MDT referrals were made to Consultant Neurologist, Anaesthetics, Mental health services and more.

**Diagnostic assessment** FAS 21/40 and serial normal growth scans. Good FM at every visit- urine dipstix always clear. Anaesthetics-suitable for spinal/epidural anaesthesia. Neurologist 28/40-urge incontinence. MRI Brain/Spinal Cord and HbA1C normal. L1 impairment scale C spinal cord injury-some preservation of her motor function below the level. Would feel contractions and push using forced abdominal pressure muscle contractions. No association with autonomic dysreflexia. Intact milk let down reflex- can breastfeed.

**Treatment/outcome** Cleared for a trial of vaginal birth-opted for caesarean section. LSCS at 38+5 under spinal anaesthesia. Live female 3.58kg. No complications, discharged D3.

**Discussion** Berghella studied prenatal course and pregnancy outcome in two patients with pre-existing TM 1. Both had term vaginal deliveries. Complications experienced- UTIs and mobility problems. One required self- catheterisation.

**Conclusion** Pregnancy in preexisting TM presents increased risk of preventable major complications. Our case is unique in that SM did not experience any of these. Emphasis is put on MDT.

## CASE SERIES ON MANAGEMENT OF CYSTIC FIBROSIS PATIENTS IN PREGNANCY

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### Abstract

#### Background

Cystic Fibrosis is most common inherited (autosomal recessive) life threatening disease

Caused by a mutation in the CF transmembrane conductance regulator gene(CFTR) resulting in multisystem dysfunction.As advances in treatment has increased life expectancy ,many wpmen are opting for pregnancy and for most, it doesnot appear to have detrimental effect on long term health.

#### Objective

Our study aimed to look into maternal and fetal outcomes in pregnant patients with Cystic Fibrosis attending our antenatal services In Galway University hospital .

#### Study Design And Methods

In this case series we followed 7 pregnancies with confirmed Cystic Fibrosis between 2019 to 2023 who attended Galway University Hospital. Data was collected reterospectively from patients charts. Maternal Outcomes were respiratory function,HDU admission, other co-morbidities,Weight gain,Gestation at delivery and mode of delivery.Fetal Outcomes included gestation at delivery,NICU admission,APGARS,IUD and still birth.

#### Result

All women attended Multidisciplinary Team involving Resp physician ,CF CNS, Endocrinologist,Dietician and Obstetrician.Out of 7 women only 1 had preterm delivery ( 31+3 weeks) due to pre-eclampsia, 1 needed admission for Upper resp infection and 1 required admission for NG feed to achieve optimal weight gain.No HDU admissions.

Among Neonates 3 required NICU admission due to prematurity,low sats at birth,rapid breathing.No IUD or still birth.

#### Conclusion

Women with Cystic Fibrosis are living to child bearing age and most are having successful pregnancies.Preconception and antenatal care with optimisation of pulmonary function,improved nutritional status,eradication of pulmonary infection and diabetes control improves pregnancy outcome.

## CERVICAL CERCLAGE FOR THE PREVENTION OF PRETERM BIRTH: RESULTS FROM A SINGLE CENTRE PRETERM BIRTH SURVEILLANCE SERVICE

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### Abstract

#### Background

Cervical cerclage is recommended for specific populations of women at high risk of spontaneous preterm birth. There remains uncertainty in determining the groups of women who are most likely to benefit from cerclage, the optimal timing and technique of suture placement, and the ideal post-operative care following insertion.

#### Objectives

To report obstetric outcomes in asymptomatic pregnant women with cervical cerclage who attended a preterm surveillance clinic.

#### Study Design

Single centre retrospective observational study of 96 women who attended a specialist preterm birth clinic and required a cervical cerclage to prevent spontaneous preterm delivery.

#### Results

Transvaginal cervical cerclages (TVC) were inserted in 84.3% of patients at a mean gestational age of 17+1 weeks. Transabdominal cerclages (TAC) were inserted at a mean gestation of 10+6 weeks ( $p<0.001$ ). There was no significant difference in gestational age at delivery between TAC and TVCs. 43.8% of cervical cerclages were history-indicated, 42.7% were ultrasound-indicated. History indicated cerclages were inserted at an earlier gestation ( $p<0.001$ ) and had a longer duration ( $p<0.001$ ) than ultrasound indicated. In the latter, women were more likely to have had prior cervical surgeries compared to the history indicated group ( $p=0.01$ ). Those who had an ultrasound indicated cerclage delivered earlier than those with history indicated cerclages (36+6 weeks vs 38+0 weeks,  $p=0.03$ ). Neonates whose mothers had undergone an ultrasound indicated cerclage were more likely to have a lower birthweight ( $p=0.03$ ) and longer inpatient stays ( $p=0.03$ ) compared to the history indicated cerclage cohort. There were no operative complications reported in any of the cerclage patients.

#### Conclusion

Cervical cerclages are an effective method for preventing preterm birth without inflicting additional complications. The transvaginal approach appears to be as effective as transabdominal cerclages. Women with history indicated cerclages had a marginally better outcome than the ultrasound indicated cohort.

### CHALLENGES IN DIAGNOSING APPENDICEAL PERFORATION IN THIRD TRIMESTER

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#### Abstract

Appendicitis is the most common cause of non-obstetric surgical emergencies in pregnancy. Rate of appendiceal perforation in pregnancy is around 55%, compared with 4%–19% in the general population. This is a case report of a 23 years old primigravida at 35+5 weeks with history of multiple presentations with pain in lower abdomen. On final presentation, patient reported pain in RIF, 8/10 in intensity, radiating to upper abdomen, ongoing diarrhea and 2 episodes of vomiting and rebound tenderness. She was vitally stable and was perceiving normal fetal movements. Bloods showed leukocytosis of  $18 \times 10^9$  /L. Appendix was not visualized on ultrasound imaging & no fetal concern was detected. A surgical review was sought and MRI confirmed acute appendicitis.

Laparoscopic appendectomy was started under GA with patient in supine position and a left lateral tilt. Open entry to the abdominal cavity was achieved with a 10mm port superior to umbilicus. Purulent fluid and an inflamed, ruptured appendix was noted. 2 other 5mm ports were introduced and Lap appendectomy was successfully completed. Obstetric team was called and a decision to perform emergency cesarean section was made. After CS was completed, a thorough pelvic washout was done and a drain was left in situ. Baby weight was 2710 gm with an APGAR of 8 at 10 minutes. Tazocin and gentamycin were commenced to mother. Postoperative recovery was uneventful and both mum and baby were discharged home on Day 6.

Acute appendicitis poses diagnostic challenges which can lead to near miss events including appendiceal perforation. In this case, patient presented on multiple occasions with vague clinical symptoms and she was sent home based on lack of any concrete symptoms of acute appendicitis. In conclusion, there should be a low threshold to consider appendicitis in advanced pregnancy as even with perforated appendix pregnant women can present with less profound and non-classical clinical picture. Laparoscopic approach in the third trimester is technically difficult, however, in experienced hands it can be performed successfully.

## CLINICAL AUDIT REPORT ON THE MANAGEMENT OF PERINEAL INFECTION FOLLOWING VAGINAL BIRTH

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### Abstract

#### Background

Approximately 90 % of women will experience some degree of perineal trauma following vaginal delivery and up to 69% will require suturing. Management of postpartum perineal wound including prevention of perineal infection and assessing wound healing are core components of routine maternity care. Prophylactic antibiotics help to prevent perineal wound complications following 3rd and 4th degree perineal tear.

#### Objectives

To assess the adherence to the guideline in the management of perineal trauma following vaginal delivery to the recommendations of the RCOG and the local guidelines of SLGH, Kilkenny.

#### Methodology

Retrospective review of the patient charts were done with sustained perineal 2nd degree tear/episiotomy along with perineal swab culture reports from Jan 2021 to Dec 2022.

Perineal swabs taken from 67 patients for suspected perineal infection /wound gapping. It is noted that out of 1002 cases, 37 patients required antibiotics treatment for wound infection in postpartum time period. Among these, 14 patients had spontaneous vaginal delivery and 23 patients had instrumental assisted delivery [7 patients had rotational forceps (Kielland's) and 3 patients had tractional forceps (Neville Barnes) and 13 patients had vacuum delivery]. 13 patients out of 23 who had instrumental delivery received antibiotics (1.2 g Co amoxiclav intravenous stat) after suturing and 2 patients received antibiotic after three hours.

#### Conclusion

This audit clearly showed improvement compared to our previous audit (2019-2020) in which 7% of patients with sustained perineal second-degree tear /episiotomy required re-suturing and antibiotics, however there is still lack of adherence to the guidelines. It also highlights the importance of identifying the modifiable risk of perineal wound infection and adherence to the local guidelines regarding the use of antibiotics and its timing of administration in cases required instrumental delivery and suggest to facilitate proper documentation which also include aseptic techniques and suture materials for better maternal care.

## COMPLIANCE WITH THE PRACTICE GUIDE FOR THE MANAGEMENT OF WOMEN WITH EPILEPSY IN UHK

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### Abstract

**Background** Epilepsy is a common high-risk medical condition during pregnancy which needs MDT input in management. The optimum antenatal care with the involvement of senior obstetrician and good seizure control with appropriate AEDs having minimal foetal impact can lead to favourable prognosis in pregnancy of women with epilepsy.

**Objective** The aim of this audit was to assess the implementation of RCPI guideline "Practice Guide for the Management of Women with Epilepsy (2018)" in UHK. Additionally, expected benefit is to find the shortcomings in implementation of this clinical standard and consequently improve the care for pregnant WWE in UHK.

**Study Design & Methods** A retrospective audit was conducted on all pregnant patients with known case of epilepsy from January 2021 till December 2022 in UHK. Data of 11 subjects was collected using electronic health records. Auditable standards were developed as follows:

1. 1st appointment with Consultant Obstetrician
2. Birth-plans regarding epilepsy
3. Home support for women with epilepsy.

**Audit Results and Conclusion** Data of 3 patients was not available. Remaining 8 patient's data collected was analysed using Excel with following conclusions.

1. Only 2 patients met Consultant Obstetrician in first trimester.
2. None of the patients had comprehensive birth plan documentation. However, 3/8 patients had 'no pethidine instruction' and have 'prescription for IV/buccal anti-seizure medication' while inpatient.
3. Home support was documented for 3 patients and PHN referral was sent also for 3 patients with history of epilepsy documented.
4. When patients were analysed in further detail to see how many met auditable standards sub-categories, it was observed that:
  - a) 4 patients (50%) met 0-2 standard sub-categories.
  - b) 2 patients (25%) met 3-5 standard sub-categories.
  - c) 2 patients (25%) met 6-8 standard sub-categories.

**Recommendation:** 1. The booking appointment should be with consultant obstetrician as soon as possible in first trimester.

2. A comprehensive care plan should be documented explaining which medications to avoid and which anti-seizure drug should be given while in-patient.
3. Maternity staff should check about the home support for the mother and her baby. Also, a PHN referral should be sent before discharge.

# EXPLORING WOMEN'S EXPERIENCES, PERCEPTIONS, AND UNDERSTANDING OF GESTATIONAL DIABETES MELLITUS FOR IMPROVED PATIENT CARE

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## Abstract

### Background

As Gestational Diabetes Mellitus (GDM) can have a lasting impact on the health of women and their babies, it is imperative to understand the effects and experiences that women have when diagnosed with this disease.

### Aims and Objectives

This study aims to identify how a diagnosis of GDM is perceived and understood by patients. Primary goals of this research include assessing the impact of a GDM diagnosis and identifying potential barriers to care from the patient's perspective. Findings of this study will help to contribute valuable insights to develop tailored educational programs and enhance services provided women with GDM.

### Methods

A structured questionnaire was administered to a cohort of 41 female participants attending the diabetic antenatal clinic at the Mayo University Hospital during the summer of 2023. The questionnaire comprised queries about participants' perceptions of GDM as well as the experiences of the healthcare services they received following diagnosis of GDM.

### Results

The average age of participants was 36 years, and 23.1% had a previous pregnancy with a diagnosis of GDM. Approximately 70.0% of the women exhibited a BMI of over 25.0kg/m<sup>2</sup> before this pregnancy, yet 32.5% of the women did not attend a nutritional session with a registered dietician. Analysis of self-reported GDM knowledge demonstrated a notable improvement, increasing from 34.2% pre-diagnosis to 95.0% post-diagnosis. Of note, 37.5% of participants were not asked about their mental health by hospital personnel, despite 25.6% self-reporting a diagnosis of depression and 10.3% experiencing depressive symptoms without a formal diagnosis. After a GDM diagnosis, 87.8% of the women conveyed feelings of disappointment, a sense of responsibility, and guilt for their condition.

### Conclusion

Mitigating distress and self-accountability arising from a GDM diagnosis stipulates provision of high-quality care, comprehensive educational interventions, effective treatment modalities, and the inclusion of broader considerations, such as mental health, in the care continuum.

### IMPACT OF EXTREMELY ADVANCED MATERNAL AGE ON PREGNANCY OUTCOMES

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#### Abstract

The mean age of pregnant women has increased over the past 10 years nationally. The mean age at first birth in Ireland has increased from 29 to 31 (2013-21). In 2021 there were more babies born to women over 40 than to mothers age 20-24 in the Rotunda Hospital. Numerous studies have reported the increased risk of pregnancy in advanced maternal age but with advanced assisted reproductive techniques extreme maternal age is becoming more commonplace.

In this single centre retrospective review we focused on pregnancies in women over the age of 50 to provide locally specific information for women planning pregnancy in their sixth decade.

This was a review of mothers birthing over the age of 50 between 2018-22 inclusive. Cases were identified through the hospital's EMR and an excel spreadsheet was completed and analysed with SPSS.

34 patients birthed over the age of 50 years in the Rotunda hospital between 2018 and 2022. 88% (n=30) of this cohort required assisted reproductive technology and 67% of these pregnancies involved egg donation. 73.5% (n=25) documented preexisting medical diagnoses.

7 patients (20%) elected to have noninvasive prenatal testing (NIPT). 88% (n=30) of patients had a third trimester growth scan and 26.5% (n=9) of these fetuses met the criteria for growth restriction. 50% (n=17) of women had an admission to the antenatal ward during their pregnancies.

There was one spontaneous vaginal delivery and all other births were caesarean sections (n=33, 97%). These were planned caesarean in 79.4% (n=27) and unplanned in 17.6%. There was a 50% (n=17) rate of NICU/SCBU admission. Five mothers required HDU admission postnatally (14.7%).

Women delivering over the age of 50 years should be aware of their increased risks of antenatal complications, caesarean birth and admission to high dependency care. Their infants also have high rates of growth restriction, early term birth and admission to neonatal units. This study highlights that this cohort is a particularly high risk group requiring close Consultant-led care.

## IRON DEFICIENCY ANAEMIA AND ORAL IRON SUPPLEMENTATION IN PREGNANCY- WHAT MATTERS TO WOMEN?

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### Abstract

#### Introduction & Objective

Iron deficiency anaemia in pregnancy is common and can be difficult to treat effectively. The objective of this study was to understand the lived experience of iron deficiency anaemia in pregnancy and factors affecting compliance with oral iron supplementation. Participants' understanding regarding the possible consequences of anaemia in pregnancy was also explored. Feedback on a proposed randomised controlled trial of daily versus alternate day oral iron in pregnancy was sought.

#### Study Design

Following ethical approval, fourteen semi-structured one-to-one interviews were carried out using an interview tool with open-ended questions. Recruitment was carried out through social media and from an antenatal out-patient setting. Interviews were audio-recorded, transcribed and analysed thematically.

#### Results

Fatigue emerged as a predominant and troubling symptom. Awareness was often highlighted through friends/family and from healthcare professionals, particularly in first pregnancies. Knowledge surrounding the potential short-term and long-term adverse consequences of untreated anaemia however was limited.

Gastro-intestinal side-effects, a previous experience of poor tolerance and forgetfulness all negatively impacted compliance with oral iron supplementation in pregnancy. Routine, a perceived improvement in fatigue with supplementation and reduced dose frequency recurred as themes which positively affected compliance.

Pregnancy as a motivating factor recurred as a theme in analysis. The role of diet was felt to be important. Knowledge of iron-rich foods and absorption aids and inhibitors was good, but practice on optimal ingestion of oral iron supplementation varied.

#### Conclusion

To successfully reduce rates of iron deficiency anaemia in pregnancy, it is crucial that all factors affecting compliance with oral iron are considered. Providing women with the important information on the possible consequences of sub optimally treated anaemia may help to improve this public health issue.

### LEARNINGS FROM THE FIRST 18 MONTHS OF A NOVEL CROSS-SITE MULTI-DISCIPLINARY PULMONARY PREGNANCY SERVICE

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#### Abstract

**Background** Pregnancy increases the risk of acquiring acute and/or exacerbating existing pulmonary conditions. Maternal audits repeatedly highlight PE as a leading cause of direct maternal mortality in the UK and Ireland, with other respiratory conditions also causing significant maternal and fetal morbidity and mortality.

**Objective** To establish a cross-site pulmonary pregnancy service to improve care for pregnant women with acute and chronic pulmonary conditions and develop a number of quality improvement initiatives.

**Methods** In 2022, a cross-site multi-disciplinary pulmonary pregnancy service was established between the Rotunda Hospital and Beaumont Hospital, incorporating a new pulmonary pregnancy clinic (PPC) and a number of quality improvement initiatives.

**Results** Beaumont PPC had 90 attendances, with a new:review ratio of 1:1.25. There was a 14% Did Not Attend rate. Asthma, post-COVID and post-pulmonary embolus (PE) were the most common reasons for attending this clinic. New PE pathways were established in Beaumont Hospital and an Asthma in Pregnancy patient information leaflet was created and circulated throughout North Dublin. A flashcard and aide memoire was created for clinicians, which provided advice on asthma medications in pregnancy.

**Conclusions** This novel cross-site pulmonary pregnancy service improves access of care to women and places a spotlight on common medical conditions in pregnancy.

LOW DOSE ASPIRIN IN PREVENTION OF PRE-ECLAMPSIA – A RE-AUDIT OF COMPLIANCE WITH NICE GUIDELINE 133

Brian Mc Donnell, Sarah Mc Donnell, Elizabeth Dunn

Wexford General Hospital

**Abstract**

Pre-eclampsia (PET) affects 5-8% of pregnancies. It is a major cause of maternal and perinatal morbidity and mortality with 80,000 maternal deaths and 500,000 infant deaths globally every year (Fone et al, 2016). PET carries a large financial burden for the Irish healthcare system, estimated to cost between €6.5 and €9.1 million per annum (Fox et al, 2017). Incidence of PET in high-risk women is reduced by more than 60% when aspirin 150mg is started between 11-14 weeks gestation (ASPRE trial)

The aim of this audit was to assess compliance with NICE guideline 133 in Wexford General Hospital and compare to last year.

Retrospective chart audit of 100 postnatal charts, identifying risk factors as per NG133 criteria to determine suitability for aspirin and timing of commencement. Sample selected randomly from postnatal deliveries Jan-April 2023. Anonymised data was recorded in password protected Excel Spreadsheet. It was destroyed after analysis.

19 patients were started on aspirin altogether. 3 of these were on aspirin for recurrent miscarriage. 11 patients were suitable for aspirin and had it commenced. 4 patients were suitable for aspirin and weren't commenced. 5 patients were not suitable for aspirin and had it commenced. The average gestation aspirin was commenced was 16+4. 12 patients ceased aspirin at 36+6. 5 patients were started on inappropriate doses of aspirin.

15% of patients were suitable for aspirin and 11% were prescribed it. This is an improvement on last year where 40% of patients were suitable for aspirin and 9% were prescribed it. There were 5 patients who had aspirin commenced inappropriately with no documentation as to why. The average gestation aspirin was commenced was 16+4. This is outside the optimum time frame but should still convey benefits. Aspirin was stopped at 36+6 in most patients at the request of the anaesthetic department. Efforts are underway to improve documentation at booking and to move booking visits to an earlier gestation in order gain the full benefits from aspirin.

## MATERNAL CONGENITAL CARDIAC DISEASE - A SIGNIFICANT INDEPENDENT RISK FACTOR FOR POSTPARTUM HAEMORRHAGE

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### Abstract

**Background** The prevalence of congenital heart disease (CHD) among pregnant women is increasing worldwide. Separately the rate of postpartum haemorrhage (PPH) is also increasing.

### Objectives

Our objective was to evaluate whether there is an association between maternal CHD and PPH and its impact on delivery outcomes.

### Methods

We performed a retrospective cohort study from 2019 to 2022 of patients attending a specialized cardiac clinic in a large stand-alone tertiary referral obstetric hospital which links obstetric and cardiology experts with an adjacent adult general hospital. Cases were identified using an integrated electronic healthcare record cross-checked with a prospectively collected maternal medicine database. Data were collected on delivery outcomes and estimated blood loss for all pregnant patients with CHD. Results were compared to the general pregnant population at the same tertiary obstetric hospital.

### Results

During the four year study period, there were a total of 33,554 deliveries at our center including 200 pregnant mothers with CHD. The CHD group had a significantly lower rate of spontaneous vaginal delivery (SVD) compared to the non-CHD control group. There was a significantly higher rate of cesarean delivery (CD) in the CHD group compared to the non-cardiac control group. The CHD population who delivered vaginally had a significantly higher rate of PPH compared to the non-cardiac control group (12.5% V 3.4% OR:3.763 95% CI:2.4 - 5.63;p<0.0001). While the CHD patients who had a CD had a non-significant decreased rate of PPH compared to the non-cardiac control group (4.0% V 6.8% OR:0.56 95%CI:0.27 to 1.14;p>0.1139).

### Conclusion

We confirm that CHD patients who deliver vaginally have a significantly four-fold higher rate of PPH compared with non-cardiac patients. This may be due to reluctance of caregivers to utilize utero-tonic medications in this medically complex group. Our data serve as caution to obstetric care providers to ensure that attention is provided to the postpartum period to minimize morbidity in this vulnerable patient cohort.

## OBSTETRIC & CARDIAC OUTCOMES IN WOMEN WITH CARDIAC DISEASE

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### Abstract

#### Background

Cardiac disease in pregnancy is a significant cause of morbidity and mortality. The prevalence of cardiac disease in pregnancy is rising due to factors including, advanced maternal age, obesity, and increasing rates of women with congenital heart disease reaching childbearing age. Therefore, knowledge on how to manage and treat this patient cohort is essential to ensure a high standard of maternal care.

#### Objective

To review obstetric and cardiac outcomes in women with pre-existing and newly diagnosed cardiac disease in pregnancy.

#### Study Design & Methods

A prospective study of all patients who attended the combined antenatal/cardiology clinic in the National Maternity Hospital (NMH) between January 2021 and March 2023 was performed. Data was extracted from electronic patient charts and information pertaining to obstetric and cardiac outcomes was compiled.

#### Results

The combined antenatal/cardiology clinic was attended by 67 women, with 90 pregnancies occurring in this group. 77.62% (n=52) had pre-existing cardiac disease while 22.38% (n=15) were diagnosed during pregnancy. The results demonstrated that rhythm disease was the most common cardiac disease in pregnancy (47.76%, n=32). Of the 90 pregnancies, only 4.44% (n=4) women experienced a deterioration in left ventricular function. 15.55% (n=14) had a cardiac event in pregnancy, with these events most commonly occurring in trimester 3 (50%, 7/14). Reassuringly, only 1 woman had a cardiac event 6 months post-partum. In terms of obstetric outcomes, 3.33% (n=3) pregnancies ended in miscarriage and emergency caesarean sections occurred in 12.22% (n=11) pregnancies. The rate of induction among this cohort is high at 47.77% (n=43) with spontaneous vaginal delivery being the most common mode of delivery at 54.44% (n=49).

#### Conclusions

This audit underscored the importance of a comprehensive and multidisciplinary approach to the care of pregnant women with cardiac disease. Early attendance to specialised care allows for close monitoring and planning resulting in favourable obstetric and cardiac outcomes.

## PEMPHIGOID GESTATIONIS: A RARE AUTOIMMUNE DERMATOSES

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### Abstract

#### Background

Pemphigoid Gestationis (PG) is an autoimmune dermatosis exclusive to pregnancy or, in a few cases, a paraneoplastic manifestation of trophoblastic tumors. It has a rare incidence of 1 in 20,000 to 50,000 pregnancies and is associated with a risk of prematurity, small for gestational age, neonatal PG, and recurrence. This case report depicts the presentation, diagnosis, and management of PG diagnosed in the postnatal (PN) period.

#### Case Presentation

Ms. X, A 34-year-old Brazilian primigravida with hypothyroidism, presented to the antenatal clinic at 39+3/40 with a 4-week history of umbilical pruritus, erythema, and blistering. Her initial laboratory workup was unremarkable. She went into SOL at 40+1/40 and required an emergency cesarean section. She had an uneventful surgery and postoperative course and was discharged home on day 3 PN. On day 4 PN, she presented with pyrexia, myalgia, and diffuse rash over the surgical site (SS) and underarms.

She re-presented on day 5 PN with an area of cellulitis and urticaria at the SS and lower abdomen extending to the umbilicus. She was admitted with the clinical impression of surgical site infection (SSI) and severe cellulitis and was started on IV antibiotics as per hospital policy. On day 7 PN, erythematous papules and plaques appeared around her legs, arms, chest, back, and perineum, with an erythematous diffuse rash, vesicles, and tense bullae present within the same.

She was started on a Betnovate and Prednisolone regime with suspicion of PG and was scheduled for a biopsy. On day 10 PN, her symptoms grossly improved after 48 hours of treatment.

Outcome: Ms. X was reviewed by Dermatology several times postnatally and was discharged 8 weeks PN. The rash had resolved with noted post-inflammatory hyperpigmentation and mild eczematous changes. Biopsy and direct immunofluorescence (DIF) results confirmed the diagnosis of PG.

#### Conclusion

This case report illustrates the clinical manifestation of PG. OBGYNs must familiarise themselves with the condition to diagnose, manage, and monitor it accordingly.

**PHYSIQUE: A PROSPECTIVE PILOT STUDY TO INVESTIGATE PHYSICAL ACTIVITY LEVELS DURING PREGNANCY IN AN IRISH COHORT**

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**Abstract**

**Introduction** Placental-uterine artery embolization (P-UAE) is a deliberate search for and embolization of collateral arterial blood supply in addition to standard uterine artery embolization used to manage postpartum hemorrhage. At our centre we routinely incorporate interventional radiology into our multidisciplinary approach to placenta accreta spectrum (PAS). Maternal-Fetal Medicine (MFM) performs hysterectomy after P-UAE in a hybrid operating room with angiography capability. We describe clinical outcomes of patients with PAS treated with placental uterine artery embolization (P-UAE) after cesarean delivery followed by immediate hysterectomy to demonstrate feasibility and safety of this approach with respect to published PAS outcomes.

**Methods** Patients with suspected high-grade PAS were prospectively enrolled from 9/2017-9/2021 to undergo P-UAE after cesarean delivery followed by immediate hysterectomy. No patient with suspected high-grade PAS was excluded. Medical records were used to abstract demographics, operative times, interventional approach and surgical outcomes. Both scheduled and unscheduled surgical cases were included. Descriptive analyses were performed using SAS 9.4.

**Results** 33 patients were enrolled. 6 cases occurred prior to scheduled date due to clinical instability; median gestational age (GA) 33.6 weeks (30.1, 35.0). Among 27 scheduled cases at median GA 34.4 weeks (34.1, 35.1), median BMI was 35.4, estimated blood loss 750ml. 96.3% were performed under neuraxial, 14.8% received blood, no patients were admitted to ICU. 82% demonstrated PAS Grade 2 or higher on post-op pathology.

**Conclusions** P-UAE for PAS is a safe and feasible adjunct to surgical management. A multidisciplinary approach to PAS including interventional radiology is associated with less blood loss and transfusion than published averages. There is a low rate of surgical complications in PAS hysterectomies performed by an experienced MFM surgical team. This data supports prospective multicenter evaluation to determine if P-UAE has a role in standard of care for PAS.

PLACENTAL-UTERINE ARTERY EMBOLIZATION FOLLOWED BY IMMEDIATE HYSTERECTOMY BY AN MFM SURGICAL TEAM IS A SAFE & FEASIBLE TREATMENT OPTION IN PAS

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Abstract

Background

AI-PREMIe is a clinical research study investigating biomarkers in pregnancy that have a potential association with pre-eclampsia(PET). The aim of this study is to design a decision support tool for diagnosis and risk stratification in PET to support clinicians, thereby improving outcomes for patients and their babies. This is a cutting-edge study with huge potential clinical importance, however biomarker analysis and the development of a machine learning algorithm is dependent on obtaining and analysing large numbers of blood samples.

Objective

Over 8 weeks, a disparity between the number of patients consented and the number of samples acquired was noted, with 45 patients being consented, but only 19 samples acquired. This QI project aimed to examine the recruitment process in place at The Rotunda Hospital, and to identify areas in the process presenting barriers to sample collection and analysis.

Study Design and Methods

This QI project was performed in accordance with HSE guidelines, and areas of improvement were identified. The key output from this project is a SMART goal of increasing the proportion of patients who consent to study recruitment that successfully have bloods received in the lab from 40% to 60% by 01/01/2024, along with key PDSAs that aim to minimise sample loss from identified process steps that at present form a barrier to recruitment.

Results

The Rotunda study team have identified strategies for process improvement including expanding ethics approval to allow for a research co-ordinator to collect bloods from patient's consented, comprehensive on-boarding of out-of-hours lab staff, and a programme educating clinical staff on the research study.

Conclusion

This QI project has led to a lean process review of the consent and sample acquisition process on the AI\_PREMIe study at The Rotunda Hospital. Improvements to date include: REC approval for (i) new A5 flyer to highlight the study taking place on-site and (ii) a research co-ordinator to draw patients bloods participating in the study to avoid burden on midwifery colleagues

## QUALITY IMPROVEMENT FOR AI-PREMIE RECRUITMENT AT THE ROTUNDA HOSPITAL

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### Abstract

#### Background

Despite Vaginal birth after Caesarean (VBAC) being a safe mode of delivery with high success rates for most women, rates of VBAC still remain low and caesarean section (CS) rates are rising, also with a rise in women requesting an elective repeat CS (ERCS). In Ireland, the rates of VBAC were 18.9% and 20.7% in 2019 and 2020 respectively. Decisions regarding mode of delivery are multifactorial and complex, involving a combination of patient and clinician factors, variation in the management of VBAC at local, national, and international levels and the fear of litigation. Decisions are influenced by the woman's own confidence to birth naturally, family size, rite of passage to motherhood, control, previous birth experience, postnatal recovery and friends and family. In comparison to vaginal birth, caesarean delivery is associated with a higher risk of morbidity for the woman and the baby including maternal mortality, requiring repeat CS, surgical adhesions, chronic pelvic pain, abnormal placentation, and infertility. Successful VBAC is associated with benefits of shorter hospital stay and recovery, increased likelihood of future vaginal births and lower rates of transient respiratory morbidity for the infant.

#### Objective

To determine the number of women eligible for VBAC at booking, those willing to try VBAC during antenatal visits, and those that eventually have successful VBAC. For eligible pregnant women who decline VBAC, the aim was to assess what reasons contribute to that. We also wanted to assess reasons for those willing to try VBAC but do not make it to trial of labour after Caesarean (TOLAC), in order to implement potential changes/measures that can increase the rates of VBAC.

#### Methods

Retrospective data analysis for 2022 at Regional Hospital Mullingar.

#### Results

210 women were eligible for VBAC at booking; 53.3% (112/210) opted for ERCS; 41.8% (41/98) who opted for VBAC had TOLAC (majority changed their mind mid-way); 53.6% (22/41) women who had TOLAC had a successful VBAC; Overall VBAC rates of 10.5% (22/210) in 2022.

# RATES OF VBAC AT REGIONAL HOSPITAL MULLINGAR IN 2022 AND REASONS BEHIND THE RATES

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## Abstract

### Background

The NICE implemented the four category classification of urgency of caesarean sections more than a decade ago. The intention was to standardize practice, improve team communication and thereby improve obstetrics and anaesthetic outcomes. Decision to Delivery Interval (DDI) includes patient and theatre preparation time, anaesthetic time and the skin incision to delivery time. DDI for emergency caesarean section should be 30 minutes for cat 1 sections. It is an indicator of quality of care in maternity service and if prolonged, it constitutes a third degree delay.

### Aim

To identify if categorization is used and communicated correctly and to assess the decision to delivery interval with associated factors for emergency caesarean section in Maternity Department at St. Luke's General hospital, Kilkenny.

### Method

A review of 50 charts with category 1 and category 2 caesarean sections at St. Luke's General hospital was from April 2022 to August 2022. The Decision to delivery interval was calculated and the practice was compared to standard guideline including NICE guideline and HSE guideline.

### Results

28% and 72% underwent Cat 1 LSCS and Cat 2 LSCS respectively, with average DDI for cat 1 LSCS was 26 minutes, ranges from 12 to 33 minutes and for cat 2 LSCS was 40 minutes ranges from 22 to 60 minutes, record of knife to skin noted in 12% & no documentation in 88%.

Most common indication for CAT 1 and CAT 2 were fetal distress 54% followed by failure to progress 16%, PET 8%, failed IOL 6%, breech in labor 6%, maternal pyrexia 6%, SROM 2%.

### Conclusion

The DDI was in line with the standard practice of NICE guidance and timely decision was made in most cases. Some lack of communication noted between the obstetric and anesthetic teams which raises the awareness of importance of understanding the categorization so that safe delivery can be achieved within the optimum time. This audit has also highlighted different aspects of communication and documentation that can be improved and efforts should be made to facilitate clear communication among the multi-disciplinary team.

## REVIEW OF CAESAREAN SECTION CATEGORIZATION, DECISION TO DELIVERY INTERVAL AND ASSOCIATED FACTORS FOR EMERGENCY CAT 1 AND CAT 2 CAESAREAN SECTION

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### Abstract

#### Background

Spontaneous hemoperitoneum in pregnancy (SHiP) is a rare, life-threatening condition associated with maternal and perinatal mortality. We present a case of a primigravida with a spontaneous uterine artery rupture at 36+4/40.

#### Case Presentation

Ms.X, a 34-year-old nulliparous lady, presented at 36+4/40 with sudden onset moderate generalized abdominal pain (soft, without peritonism) and exquisite tenderness to the light touch of the perineum or gluteal region (cutaneous allodynia). She had no history of antepartum hemorrhage, trauma, or uterine contractions. Her cervix was long and closed on VE, bedside transabdominal ultrasonography was unremarkable and initial cardiotocograph (CTG) was reassuring and without uterine activity.

The patient's medical background included essential hypertension, hypothyroidism and 3 laparoscopies for myomectomy, resection of endometriosis and total left and partial right oophorectomy.

At hour 9 of admission an emergency cesarean section (EMCS) was called for prolonged fetal bradycardia on CTG.

#### Treatment and Outcome

EMCS was performed with significant hemoperitoneum evident immediately on abdominal entry. Liquor was clear, there was no evidence of uterine rupture no noted intra-uterine or retroplacental clots. A systematic exploration of the abdominal cavity revealed a pulsatile arterial bleed in the region of the right uterine artery, which was repaired. The total EBL was 2L.

Post-natal course was unremarkable and both mum and neonate were discharged on day 5 postpartum.

#### Discussion

SHiP is a rare obstetric complication with severe adverse pregnancy outcomes and often diagnostic difficulty.

Sacral plexus irritation secondary to hemoperitoneum could explain cutaneous allodynia in the gluteo-rectal region. Cutaneous allodynia should prompt consideration of a diagnosis of intra-abdominal bleeding. Endometriosis is considered a major risk factor for SHiP and healthcare

practitioners should be aware of this potential differential as timely management can prevent fetomaternal morbidity and mortality.

## THE RISING POPULARITY OF BARIATRIC SURGERY ABROAD AND ITS IMPACT IN PREGNANCY AND ON NEONATAL OUTCOMES

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### Abstract

### Introduction

Bariatric surgery has seen a surge in popularity among women aged 20-35 since 2022. Most surgeries are carried out abroad due to quicker, more cost-effective access to bariatric services. Many women have inadequate postoperative care and little to no follow up. There is a paucity of data on the effect of bariatric surgery in pregnancy and limited guidance on how to manage these women. This study aims to highlight the rising incidence of bariatric surgery in Ireland, its impact on pregnancy and neonatal outcomes.

### Methods

A retrospective cohort study was performed on 44 patients attending a maternity hospital in pregnancy with a history of bariatric surgery from booking to delivery. The study was approved by the research and ethics committee.

### Results

From 2022 to 2023, there was a 360% increase in pregnant women with a history of bariatric surgery (18 patients in 2022 to 83 patients in 2023). 90% of these patients had their surgery abroad. The median pre-operative weight was 123kg and median booking weight was 77kg. The median number of months from surgery to pregnancy was 15. Only 4.5% of women had the recommended follow up and pre-conception monitoring. 1 in 5 patients continued to lose weight in pregnancy and only 1/3rd of women were meeting their nutrient requirements. 45% of women were linked with mental health services.

There were high rates of nausea and vomiting (47%), hyperemesis (27%), dumping syndrome (23%) and gestational diabetes (57%). The median gestational age at delivery was 39/40 with a high caesarean section rate of 44%. The median infant weight was 3.1kg and 9% were growth restricted. See Tables.

### Conclusion

This study has captured a picture of the complexity of care provision in this cohort, including a 5% higher rate of caesarean section, 20% higher rate of hyperemesis and a gestational diabetes rate ten-fold higher than the normal maternity population. It highlights the need for a national register and urgent regulation of the advertisement and recruitment of these patients by bariatric clinics from abroad.

## THE ROLE OF CONTINUOUS GLUCOSE MONITORING IN NON-DIABETIC PREGNANCIES: A SCOPING REVIEW

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### Abstract

#### Introduction

Continuous glucose monitoring (CGM) has emerged as a promising tool that provides valuable insights into glycemic variability. While CGM has been routinely utilized for pregnant women with type 1 and type 2 diabetes mellitus, its application in non-diabetic pregnancies is a relatively new area of research.

#### Aims And Objectives

The objective of this scoping review is to explore the existing literature on the use of CGM in non-diabetic pregnancies and to identify the relationship of maternal glucose levels and clinical outcomes (both maternal and fetal).

#### Study Design And Methods

Five databases were searched for studies on CGM use in non-diabetic pregnancies: PubMed, Embase, Scopus, Web of Science and Cochrane Library. Identified articles were subject to a two-stage screening process followed by data extraction, according to the JBI methodology for scoping reviews. Reviews and duplicate studies were removed. Thirty-four studies were included in the review. Data was collected based on glucose parameters, population, study design, and clinical outcomes.

#### Results

CGM has been researched in a heterogenous population of non-diabetic women at all stages of pregnancy, including intrapartum. Interpretation and reporting of CGM data across the studies were inconsistent. Furthermore, definitions differed between the studies regarding the same metrics. There was an inconsistent approach among studies to the relationship of CGM data with clinical outcomes.

#### Conclusion

This scoping review highlights the lack of consensus among studies in the reporting of data from CGM. The absence of defined descriptors for CGM data and the diversity in study designs interfere with the comparability of the studies. The variability and scarcity in clinical outcomes reported hinder the ability to identify a relationship between CGM and outcomes in non-diabetic pregnant women. Our study demonstrates a real need for standardisation in reporting of CGM data and its associated clinical outcomes in a pregnant population.

## URINE THAT GOES RED IN THE NIGHT

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### Abstract

#### Background

We present the case of a complex and rare case of Paroxysmal Nocturnal Haemoglobinuria (PNH). A condition causing life-threatening haemolytic anaemia, of which minimal data on pregnancy has been published.

#### Case Presentation

We present the case of a 24-year-old, P0, booked to our unit with known PNH for antenatal care. Due to frequent blood transfusions in her lifetime, she had developed antibodies in her blood (Anti-C & Anti-e) putting her baby at risk of developing haemolytic disease of the newborn, a potentially fatal condition if not identified early and managed appropriately. This risk to the developing foetus as well as the continuous significant risks of life-threatening anaemia (Hb as low as 5.2), thrombocytopenia (platelets circa 75-85 during the pregnancy) and thrombosis in the pregnant patient made this pregnancy a particularly high risk one requiring close multidisciplinary care in order to achieve the successful outcome of a healthy mother and baby.

The patient attended fortnightly from booking scan onwards for foetal wellbeing and MCA Doppler scans and had 4 weekly antibody titres and FBCs as part of her close combined care under Foetal medicine and haematology.

#### Discussion

Paroxysmal Nocturnal Haemoglobinuria (PNH) is a rare, acquired, life-threatening haemolytic anaemia characterised by destruction of red blood cells by complement, a part of the body's innate immune system.

Allogeneic bone marrow transplantation is the only cure but has significant rates of additional medical problems and death. Other treatment options are supportive, aim to prevent complications and include blood transfusions, blood thinners and the monoclonal antibody Eculizumab.

PNH is a rare condition with an annual rate of 1-2 cases per million and prognosis without treatment is 10-20 year survival. 25% of female cases are discovered during pregnancy. This group has a high rate of thrombosis, and the risk of death of both mother and foetus are significantly increased (20% and 8% respectively)



# Fetal Medicine

## AN AUDIT OF THE MANAGEMENT OF MULTIPLE GESTATION PREGNANCIES THAT DELIVERED IN WEXFORD GENERAL HOSPITAL IN 2022

Brian McDonnell, Sarah McDonnell, Elizabeth Dunn

Wexford General Hospital

### Abstract

Multiple gestation is increasingly common, owing in part to advances in reproductive technology. Twin births currently represent 1.8% of all births in Ireland, an increase from 0.8% in 1989 (Smith et al, 2010).

To assess if multiple gestation pregnancies are managed in line with national guidelines in Wexford General Hospital (WGH).

Multiple gestation pregnancies who booked in WGH were identified from their US dates on NIMIS. These names were then crosschecked with the labour ward delivery record to ensure they delivered in WGH in 2022. Information on patients who were referred to another hospital or delivered there was also collected.

16 twin pregnancies were managed in WGH in 2022 with 14 delivering in WGH, 1 in the Rotunda Hospital and 1 in Waterford Regional Hospital. There were 13 DCDA and 3 MCDA pregnancies. All patients were seen in a consultant led clinic. 4 patients were referred to another centre with 2 delivering there and 2 returning to WGH for ongoing care. 13/14 of DCDA pregnancies and 3/3 MCDA pregnancies were compliant with guidance of frequency of antenatal US. A senior obstetrician was present for 14/14 of deliveries (A consultant was present for all twin SVDs). Placental histology was sent on 8/14 deliveries, with correctly assigned chorionicity at US in all cases.

There should be 4-6 additional multiple gestation pregnancies that weren't able to be identified for this audit. These were probably lost to follow up by being transferred out before 34/40 or a mid-trimester loss and doctors booking their US under "singleton" instead of "multiple" on NIMIS. Currently not all multiple pregnancies are booked at 12/40 which the department is making efforts to change. Overall numbers in multiple clinic are small however case load is high due the frequency of scans and high risk nature of the cases. The burden on SCBU in a small unit is high but it's important that these cases attend local units to reduce the burden of care on The National Maternity Hospital and the time and travel commitments of the parents.

## AN AUDIT OF THE RHESUS CLINIC AT A TERTIARY UNIVERSITY HOSPITAL, FROM 2017 TO 2022

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### Abstract

#### Background

Red cell antibodies are an important & increasingly rare, cause of perinatal morbidity and mortality. Up to 1% of women develop clinically significant antibodies that may lead to haemolytic disease of the fetus and newborn (HDFN). The Rhesus Clinic at our tertiary unit provides specialised care for this group, via serial antibody titres or ultrasound (Table 1). Significant fetal anaemia may be managed by intrauterine transfusion (IUT) or delivery.

#### Objectives

The RCOG recommend several areas for audit, which we examined for our unit; outcomes following IUT, appropriate referrals for ultrasound, neonatal outcomes, and the accuracy of free fetal DNA (ffDNA) tests.

#### Study Design & Methods

A retrospective review of all pregnancies managed at the clinic from 2017–22 was undertaken. Ethical approval was obtained, and data collected from the clinic database and individual chart reviews. This included; demographics, lab results, monitoring type and outcomes, pregnancy and delivery outcomes, and neonatal outcomes.

#### Findings/Results

Red cell antibodies were detected in 260 pregnancies, carried by 234 women. This is equivalent to 0.6% of all deliveries at the unit. 26.9% (70/260) were monitored via titres, and 44.6% (116/260) via ultrasound. Significant fetal anaemia was identified in 10.3% (12/116), and IUT was performed in 2.5% (3/116); all 3 had livebirths, 1 of whom had a neonatal death. Of those who delivered at our unit, 0.8% (2/247) had intrauterine fetal deaths (neither of which due to HDFN), and 99.2% (245/247) had livebirths. Mean neonatal haemoglobin was 15.7g/dl (range 7.7 – 21.3g/dl). 20% (49/245) were diagnosed with neonatal jaundice; of which 81.6% (40/49) had phototherapy, 18.3% (9/49) required IVIg, and 8.2% (4/49) required blood transfusion. ffDNA testing was sent in 11.2% (29/260) of cases, of which 1 false negative was obtained.

#### Conclusion

This retrospective review of pregnancies complicated by red cell antibodies underscores the importance of specialised care to prevent perinatal morbidity and mortality in this high-risk group.

AUDIT ON ADMINISTRATION OF ANTENATAL STEROIDS (ANS) IN UNIVERSITY HOSPITAL KERRY

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**Abstract**

**Aim** Identify local compliance with national guidelines regarding ANS administration; secondary, to identify the need for resuscitation at birth and harmful effects for neonates (NN).

**Background** ANS improve neonatal respiratory morbidity and perinatal death, if given to mothers at risk of preterm birth (PTB), within 1-7 days, at gestational age (GA) between 24+0–34+6; ANS are likely to reduce perinatal mortality, respiratory distress, intraventricular haemorrhage and developmental delay.

Harmful effects from ANS administration may occur - decreased birthweight, insulin resistance, NN hypoglycaemia, reduced educational attainment, psychiatric and behavioural development. Unstandardized ANS administration and over diagnosis of imminent birth may lead to increased mortality.

6 mg IM Dexamethasone (DEX), 12 h apart – 4 doses, /12 mg IM DEX/Betamethasone (BET), 24 h apart – 2 doses, suggested.

**Method** Retrospective cohort study of 154 pregnant women who received ANS in UHK between 01/06/2021 – 30/06/2022.

4 reports from MN-CMS Business Objects: prescribed ANS 01/06/2021 – 30/06/2022; administered ANS 01/06/2021 – 30/06/2022; resuscitation at birth data for ANS exposed neonates 01/06/2021 – 30/06/2023; delivery details for NN 01/06/2021–30/06/2022

**Result** 13% were prescribed ? 1 dose of ANS; 12.4% received ? 1 dose of ANS. 0.5% were prescribed 1 dose of BET. 0.07% had 1 dose of BET then replaced with DEX.

Time between doses was ~ 14h 24 min.

78.5% had 2 doses of DEX 12 mg, 18.8% had 1 dose, 1.9% had 3 doses, 0.6% had 4 doses.

39.6% women received ANS < 34 weeks, 37.6% had ANS between 34+0-36+6, 22.7% had ANS between 37–41+6 weeks

14.2% birthed < 24h from the last ANS, 55.8% birthed > 7 days after ANS, 29.8% delivered 1-7 days.

7.7% NN had data in the “Resuscitation at birth” section

**Conclusion** Compliance to standard was of 73.3%. Regarding the recommended interval of 1-7 days to birth, compliance was of 75.9%

53.8% patients had ANS > 34+6, 33.7% of which had caesarean section < 39 weeks

Documented related risks absent in 93.9% of cases.

## AWARENESS AND ATTITUDES ON NON-INVASIVE PRENATAL TESTING: A PATIENT SURVEY

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### **Abstract**

Non-Invasive Prenatal Testing (NIPT) utilises cell-free fetal DNA to screen for aneuploidy from ten weeks gestation. Since its introduction, it has been widely adopted with varying implementation strategies worldwide. In Ireland, NIPT is currently not provided as part of routine antenatal care and is only available privately, costing around €400-€500.

This study aimed to assess patient awareness and explore their preferences on NIPT information, and build on limited Irish data regarding NIPT.

This was a cross-sectional observational study conducted at The Coombe Hospital. Self-administered questionnaires were distributed to patients attending antenatal care and their partners. Results were recorded and analysed through Excel Spreadsheet, SPSS and NVivo. Descriptive statistics, chi-square test and qualitative analysis were performed.

A total of 321 of 325 surveys were analysed. Of them, 76% (244/321) had heard of NIPT, and 83.4% (266/321) had not availed of NIPT previously. Those aged over 30 were more likely to have heard of NIPT (181/224,  $p=.003$ ) and have availed of NIPT (44/223,  $p<.001$ ). There were 51.5% participants ( $n=156$ ) who agreed or strongly agreed that they would choose to have NIPT. Those who have lived in Ireland for less than 20 years were more likely to choose to have NIPT (59/96,  $p=.02$ ). Only 43.3% participants ( $n=136$ ) agreed or strongly agreed that they received enough information about NIPT. Cost was repeatedly mentioned in the comments, and many thought that NIPT should be available to all for free, with 49.8% strongly agreed ( $n=152$ ) and 38.0% agreed ( $n=116$ ) to the statement.

Our results showed that not all patients or partners attending for antenatal care were aware of NIPT. There were differences in awareness of and attitudes towards NIPT in different populations. The cost is prohibitive for NIPT uptake in many patients. This study highlighted the need for standardisation of NIPT provision and pre-test counselling. Publicly funded accessing to testing is needed to allow equitable access for those who wish to have the NIPT.

**CHANCE OF HEALTHY VERSUS ADVERSE OUTCOME IN SUBSEQUENT PREGNANCY AFTER PREVIOUS LOSS BEYOND 16 WEEKS: DATA FROM A SPECIALISED FOLLOW-UP CLINIC**

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**Abstract**

**Introduction** Women with a previous fetal demise have a 2-20 fold increased risk of another stillbirth in a subsequent pregnancy when compared to those who have had a live birth. This study was conducted to accurately quantify the chances of a woman having a healthy subsequent pregnancy after a pregnancy loss.

**Methods** A retrospective study was conducted at a tertiary level unit between March 2019 and April 2021. We collected data on all women with a history of previous fetal demise attending a specialised perinatal history clinic and compared the risk of subsequent stillbirth to those with a normal pregnancy outcome. Outcome data included birth outcome, obstetric and medical complications, gestational age and birth weight and mode of delivery. Healthy subsequent pregnancies were compared with those who experienced adverse outcomes.

**Results** Ninety-six women with subsequent pregnancies after a history of fetal demise from 16 weeks were included. Seventy-nine percent of women (n= 76) delivered a baby at term, without complications. Overall, 2.1% had repeat pregnancy losses (n=2) and 2.1% delivered babies with fetal growth restriction (n=2). There were no cases of abruption in subsequent pregnancy. Eighteen neonates were delivered prematurely (18.4%), 15 of these (83.3%) were due to iatrogenic causes, three (16.7%) were spontaneous. In univariable logistic regression analyses, those with adverse outcomes in subsequent pregnancies had a greater odds of pre-eclampsia (Odds ratio \*(OR)=3.89, 95% CI 1.05-14.43, p=0.042) and fetal growth restriction (OR=4.5, 95% CI 1.41-14.8, p=0.01) in previous pregnancies compared to those with healthy outcomes. However, in multivariable logistic regression analyses, neither variable had a significant odds ratio (OR = 2.03, 95% CI 0.44 - 9.39, p = 0.366 and OR = 3.42, 95% CI 0.90 - 13.09, p = 0.072 for pre-eclampsia and FGR, respectively).

**Conclusion** Four in five women had a healthy subsequent pregnancy. This is a reassuring figure for those contemplating another pregnancy, particularly if cared for in specialist clinics.

### CLOSING THE GAP ON CONGENITAL DIAPHRAGMATIC HERNIA-RELATED MORTALITY

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#### **Abstract**

Despite advances in fetal therapy, mortality related to congenital diaphragmatic hernia (CDH) remains high. In Ireland, the survival for CDH is approximately 85%. The aim of this study was to analyse CDH-related mortality in detail to appreciate factors that may contribute to morbid outcomes.

Cases of CDH-related mortality obtained from a national prospective audit over 11 years, from 2011. We examined maternal data including age, body mass index (BMI) and ethnicity, as well as perinatal factors, auditing gestation at diagnosis and subsequent outcome; stillbirth {SB}, neonatal death; early (0-7 days of life) and late (7-28 days) {ENND; LNND}.

We evaluated 59 cases of perinatal mortality from CDH over an 11 year period. A total 35 babies (59%) were delivered in Dublin tertiary referral centers, the remaining 24 (41%) delivered at community hospitals. Mean maternal age was 34 years (range 19y - 46y), and 71% (n=42) were white, with 39% (n=23) a normal BMI (18.5-24.9). Cases of stillbirth (n=14) occurred at a mean of 31+2 weeks' gestation and 40 of the 45 (89%) neonatal deaths occurred in the first 7 days of life. Deaths were registered in Dublin childrens hospitals (n= 21), Dublin maternity tertiary referral units (n=13) and regional maternity units (n=11). Only 4 cases underwent postmortem. Where audited, fetal medicine specialist involvement was recorded prenatally in 92% of cases.

The 'hidden mortality' of CDH is an unresolved issue. When discussing survival rates of prenatally identified CDH with parents, it's essential to include data on cases of perinatal death, as otherwise an inappropriately positive estimate of outcome may be provided. However, it's difficult to gather accurate data on this group outside of dedicated registries. These data reinforce a high rate of prenatal diagnosis of CDH of 92% compared with contemporary international figures of 60%. Our national perinatal mortality data provide comprehensive data on CDH mortality that will help provide more realistic description of the condition accurate prenatal counselling

## COVID IN PREGNANCY. A SINGLE CENTRE RETROSPECTIVE ANALYSIS OF MATERNAL AND NEONATAL OUTCOMES

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### Abstract

#### Introduction

Infection with the SARS-CoV-2 coronavirus (COVID) during pregnancy can result in a number of unfavourable outcomes, including an increase in preterm birth rates (17% compared to 8-10% reported in the general population) and an increase in caesarean sections. Placental characteristics such as foetal vascular malperfusion, arteriopathy and inflammation, perivillous fibrin deposition, and foetal artery thrombosis have been observed in the trophoblasts of infected pregnant individuals.

#### Objective

The primary objective was to assess the management and resource utilisation to the department while the secondary objective was to report neonatal outcomes.

#### Method

A retrospective study, carried out with approval from the audit committee. All pregnant women who presented to the labour ward between January 2022 to December 2022 with positive COVID test were included. Women who were asymptomatic or had a negative test for COVID were excluded. Chart reviewed was undertaken and the data was stored on the google forms after anonymisation of data.

#### Results

Sixty patients met the inclusion criteria; two cases were excluded due to incomplete data. Of the fifty-eight patients, the age ranged from 22 to 43 years. Severe COVID was reported in 6.9% (4) of patients. Induction occurred in 51.7% (30) patients while 48.3% (28) patients went into spontaneous onset of labour. The main indication for induction was COVID. In terms of delivery, 19% (11) had emergency section, 70.7% (41) delivered spontaneously and 10.3% (6) had operative vaginal delivery. This cohort had a range of 1 – 4 scans, with 10.3% (6 women) having more than 3 scans each. Only, 5.17% (3 babies) required NICU admission and all (100%) placentas were sent for histopathology.

#### Conclusion

Our study highlights the impact of COVID on increased resource utilisation, especially ultrasonography and histopathology usage. No increased induction of labour or lower segment caesarean section or Neonatal unit admission was noted.

## LATE PRETERM ANTENATAL STEROIDS – TRENDS AT THE NATIONAL MATERNITY HOSPITAL

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### Abstract

#### Background

While antenatal corticosteroids are a vital intervention for preventing morbidity and mortality in preterm infants, their effectiveness beyond 34+6 weeks gestation is less established. Research suggests a link between steroids administered near childbirth and child mental, behavioural and developmental disorders. The optimal time frame for administering steroids to preterm infants is after 24 hours and up to 7 days before delivery.

#### Objective

This study aims to examine the use of antenatal late-preterm steroids (ALPS) after 34+6 weeks gestation within a large tertiary referral centre.

#### Method

This is a retrospective cohort study of all patients who received ALPS in pregnancy between January 2019 and June 2022, at the National Maternity Hospital, Dublin. Patients who received ALPS were identified via the electronic healthcare record.

#### Results

506/26181 (1.9%) women received ALPS in the period. ALPS were administered to 267 patients (53%) at 35 - 36+6 weeks, 234 patients (46%) at 37 - 38+6 weeks and to 5 patients (1%) >39 weeks. The average interval between administration and delivery was 4 days with a range of 0-38 days. For patients who received ALPS, 405 (80%) delivered within 7 days. The most common indication for the administration of ALPS was "Planned preterm delivery" (46%). The use of APLS decreased progressively during the study period: in 2019, 213 patients (2.7%) received APLS, in 2020, 130 patients (1.8%), in 2021, 120 patients (1.6%), and in 2022, 43 patients (0.6%).

#### Conclusion

In patients who were administered ALPS, 47% received it after 37 weeks gestation. The aim of administering ALPS to patients delivering between 37-39 weeks is to reduce the need for neonatal intensive care due to breathing problems, however, uncertainty surrounds the extent of this reduction. This study demonstrated that the use of APLS decreased during the study. Delivery was accurately predicted within 7 days in 80% of women. The longer-term effects of ALPS needs to be studied in detail, as data suggests possible links to neurocognitive outcomes in childhood.

## MANAGEMENT OF SMALL FOR GESTATIONAL AGE AND FETAL GROWTH RESTRICTION AT CORK UNIVERSITY MATERNITY HOSPITAL

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### Abstract

#### Background

Fetal growth restriction (FGR) is defined as the failure of the fetus to meet its growth potential due to a pathological factor, most commonly placental dysfunction. FGR globally contributes to stillbirth, neonatal mortality, and health issues. Evolving FGR practices must reach diverse obstetric providers.

#### Objective

Auditing the management of SGA (<10th centile) and FGR in Cork University Maternity Hospital (CUMH).

#### Study Design and Method

Audit conducted at CUMH, adhering to FIGO March 2021 guidelines. Include women offered elective birth (IOL, Elective Caesarean) for drop-off growth, SGA or FGR. Retrospective review of medical records and electronic charts, data stored per policy, analyzed in Excel for recommendations.

#### Results

In August 2022, 18 patients underwent elective deliveries at CUMH for SGA or FGR. Among the 17 analyzed (excluding one with selective growth restriction, DCDA), 12 met SGA criteria, and 5 met FGR criteria. All exhibited low EFW/AC, normal amniotic fluid, and umbilical artery Doppler, signalling uncomplicated FGR per FIGO 2022. Four FGR cases were diagnosed at 27-28 weeks, one at 39 weeks, with varying Doppler frequencies. A late FGR case was delivered two days later, others receiving fortnightly growth scans, some with Doppler. SGA diagnoses encompassed <32 weeks (3), 32-36 weeks (4), and >36 weeks (5). Among the 17, 8 were admitted (2 FGR, 6 SGA) with normal AF and Doppler. FGR deliveries occurred between 37-37+4 weeks, except one at 39+1 weeks. Early SGA (<32 weeks) delivered between 37+2 to 38+1 weeks, while ≥32 weeks delivered between 37+1 to 39+6 weeks.

#### Conclusion

Inconsistencies exist in growth scan and Doppler frequency for SGA and FGR cases. FGR is diagnosed early (27+6-28+5 weeks), while SGA diagnosis is ongoing during antenatal care. Unnecessary inpatient management is observed for both SGA and FGR cases. While overall delivery timing aligns with FIGO guidelines for both SGA and uncomplicated FGR, inconsistency arises in the timing of SGA deliveries unrelated to the time of diagnosis.

### NEONATAL OUTCOMES FOLLOWING PLACENTA ACCRETA SPECTRUM: A SINGLE UNIT CROSS-SECTIONAL STUDY

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#### Abstract

##### Background

Placenta accreta spectrum (PAS) refers to a range of invasive placental diseases and are associated with neonatal morbidity.

##### Objective

To describe the neonatal outcomes according to grade of PAS in our hospital.

##### Methods

Women with a histopathological diagnosis of PAS were identified using iLAB APEX Laboratory Information Management System in Cork University Maternity Hospital, Ireland. Search was limited to histopathology records between 1st January 2015 to 31st December 2020 inclusive. Delivery information and neonatal outcomes were recorded according to grade of PAS: accreta, increta and percreta. Descriptive statistics were used to analyse the data.

##### Results

A total of 77 women with PAS were identified with 88 infants born: Most infants (91%) were born from mothers with accreta grade disease. All multiple pregnancies (10) found had accreta grade disease. The gestation at delivery was full term (39-40+6) in the majority (31%) of cases. The mode of delivery was Caesarean section for 59% (49) of women with accreta grade disease while all patients with increta and percreta had Caesarean section. The median APGAR scores at one-minute were 9, 7 and 6 and at five-minutes were 10, 9 and 7 for infants with mothers with accreta, increta and percreta respectively. Half of neonates (51%) needed neonatal unit admission with prematurity (78%) as the highest indication for admission. All infants from mothers with percreta were admitted to the neonatal unit. Other indications for admission included respiratory (23%), cardiac (5%), infection (10%), neurological (7%) and low birth weight (8%) reasons.

##### Conclusion

Increasing PAS disease grade resulted in lower APGAR scores and a higher need for neonatal unit admission. Knowledge of these neonatal outcomes can aid in providing appropriate counselling for mothers with suspected PAS and for delivery planning.

## OUTCOMES OF IRELAND'S FIRST DEDICATED FETAL GROWTH RESTRICTION CLINIC AT CORK UNIVERSITY MATERNITY HOSPITAL

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Cork University Maternity Hospital

### Abstract

#### Background

Cork University Maternity Hospital (CUMH) opened a dedicated Fetal Growth Restriction (FGR) Clinic in December 2022 led by a Maternal-Fetal Medicine subspecialist and a team of dedicated trained midwife sonographers to offer an enhanced model of care in cases of suspected FGR. The clinic only accepts cases of severe FGR as defined by the International Delphi Consensus (EFW < 3%, AC < 3%, EFW < 10th with abnormal UAD). In addition, the clinic adheres to an evidence-based approach based on published international guidelines and forms individualized plans for surveillance and monitoring. Patients attending this clinic meet the same team at every appointment offering continuity of care and consistency. This clinic aims to reduce unnecessary interventions and suggests appropriate timing of delivery in the healthy small for gestational age (SGA) fetus.

#### Objective

Our aim was to evaluate our clinic outcomes.

#### Study design

We performed a retrospective service evaluation of the FGR clinic from December 2022 to the end of August 2023. Cases were identified through the FGR clinic referral database and details obtained by individual computerized chart review.

#### Results

During the 9 month period 67 FGR patients met our inclusion criteria and were included in the study. We have delivery data available for 60 patients. In 64% (43/67) patients were primiparous, 38.8% (26/67) had previous pregnancy loss. 20% of our patients reported smoking (14/67). Late FGR (>32 weeks) represented 43% (29/67) of our cohort. Preterm birth occurred in 30% (18/60). All preterm deliveries were delivered by LSCS. Mode of delivery was by caesarean section in 70% (42/60). The median neonatal birthweight was 2500 grams (range; 2260-2760 grams), with 21.6% (13/60) NICU admissions.

#### Conclusion

Our clinic provides a model of best practice of care for patients and their families when diagnosed with severe FGR. We note the high rate of smoking, which provides an opportunity to address these modifiable factors. The outcomes highlight the high risk nature of these cases and the value of a dedicated clinic.

## PLACENTAL PATHOLOGY: IS THIS IMPORTANT RESOURCE BEING USED EFFICIENTLY? A SERVICE EVALUATION

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### Abstract

Placental pathology can provide vital information in determining underlying causes of adverse perinatal outcomes. There are no national guidelines on specific indications for placental pathology. The need for standardised indications for placental pathology has been identified by international groups. Our aim was to audit the current practice of placental pathology ordering in a large tertiary maternity hospital.

A list of indications and minimum clinical information for placental pathology requests was agreed, informed by recent literature. We evaluated the request forms of 100 placentas sent for pathological examination comparing them to published referral criteria. The same forms were separately evaluated by a local perinatal pathologist for appropriateness of referral. Next, we selected 98 pregnancies delivered at the hospital and determined whether placental pathology was indicated and/or was correctly ordered.

We found that only 40% of placental pathology orders met the agreed published criteria. No request forms contained all relevant information with birthweight centile and baby's sex being the most common missing information. However, of the remaining orders, 48% had positive placental findings. As assessed by the local pathologist a higher percentage of orders were regarded as appropriate (85%) with 86% of these having significant pathology findings. 14% were regarded as borderline appropriate with 57% showing significant pathology (a significantly smaller percentage ( $p = 0.019$ )). One inappropriate referral had significant pathology. When we examined 98 pregnancies, we found that 28% had the placenta sent for pathological examination of which 74% met the published criteria. A further 4% of cases were identified in which placental pathology was indicated but not ordered.

Some published recommendations may result in under-referral of placentas for examination. Further work is needed in relation to the development of guidelines on referral of placentas for pathological examination.

## PRESENTATION & MANAGEMENT OF DUODENAL ATRESIA

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### Abstract

#### Background

Duodenal atresia is a malformation caused by an error in recanalization of the duodenum between the 8th-10th week of embryological development. It is strongly linked with other congenital anomalies including Trisomy 21. It is most commonly diagnosed antenatally after 24 weeks gestation (24/40) by identifying the characteristic “double bubble” sign on ultrasound scan (USS). Postnatally, it is diagnosed on plain film abdominal Xray following a presentation of bilious/non-bilious vomiting and difficulty feeding within the first 36 hours of neonatal life, due to the duodenal obstruction, usually distal to the ampulla of Vater.

#### Case Presentation

A 38 year old lady G1P0 was referred for a growth scan following an increased symphysiofundal height in antenatal clinic.

On USS, a fetus which was large for gestational age was measured.

An incidental finding of a cystic area in the lower abdomen, an enlarged fetal stomach and polyhydramnios were detected. Of note, this patient never had non-invasive prenatal testing. However she had an anatomy USS at 21/40 showing fetal biometry, liquor volume and umbilical artery Dopplers were all within normal limits.

She was urgently referred to Fetal Medicine for USS which demonstrated the characteristic “double bubble” sign, suggestive of duodenal atresia and a subsequent amniocentesis confirmed the diagnosis of Trisomy 21. The patient was referred for fetal echo by Cardiology, revealing a ventricular septal defect. She was then transferred to a tertiary unit where an elective delivery is planned between 38-39/40, to ensure accessibility to a NICU and paediatric surgeons.

#### Conclusion

Management of duodenal atresia should be individualised. Antenatally, amnioreduction can be considered if evidence of a tense abdomen or extreme polyhydramnios, with cervical shortening, is present. Successful early detection is vital to allow specialised antenatal care, timed in-utero transfers, safe planning of elective delivery and multidisciplinary input.

## PREVIOUS PREGNANCY LOSS AND MID-TRIMESTER ANATOMY SCAN ESTIMATED FETAL WEIGHT BELOW THE 25TH CENTILE RESULTS IN INCREASED RISK FOR FETAL GROWTH RESTRICTION

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Cork University Maternity Hospital

### Abstract

#### Background

A fetus is small for gestational age (SGA) when its size falls below a predefined threshold for its gestational age. The most common definition of SGA is an estimated fetal weight (EFW) or abdominal circumference (AC) below the 10th percentile. Fetal growth restriction (FGR) is a condition defined as the fetus failing to reach its genetically predetermined growth potential. There is substantial evidence in the literature regarding EFW<25% in the mid-trimester scan performed at 20-24 weeks of gestation as a predictor for developing FGR later in pregnancy.

#### Objective

We aimed to compare patients referred to our FGR clinic with EFW<25% vs. EFW>25% measured at their mid-trimester anatomy scan.

#### Study Design

We performed a retrospective analysis of patient profiles and demographics in our study population.

#### Results

Overall we have 67 patients meeting our inclusion criteria. We have delivery information for 60 patients. 28/67 patients had EFW>25% at mid-trimester anomaly scan and 39/67 patients had EFW<25%. The study groups did not differ in their demographic characteristics including age, BMI, smoking and parity. The patient group with EFW<25% had significantly higher rate of previous pregnancy loss ( $p=0.027$ ). The groups also differed in their time of presentation with FGR. The group with EFW<25% having higher rate of early FGR (67.9% vs 25.6%;  $p=0.001$ ). The groups did not differ in neonatal birthweight, emergency caesarean deliveries and neonatal intensive care unit admission.

#### Conclusion

Mid trimester anatomy biometry could be a important indicator of placenta related complications noted by the higher rate of previous pregnancy loss and higher rate of early onset FGR in those with an EFW <25th centile at mid-trimester anomaly scan. This highlights the importance of reviewing the patients early biometry in conjunction with other risk factors to consider whether a patient should undergo additional growth surveillance. This cohort requires further study to explore this association.

STOMAL REFASHIONING FOR AN ISCHAEMIC STOMA IN A PATIENT WITH ULCERATIVE COLITIS DURING PREGNANCY

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**Abstract**

Inflammatory Bowel Disease (IBD) refers to long-term or chronic inflammation of the digestive tract, which can affect women of childbearing age. The most common types of IBD are Crohn's disease (CD) and ulcerative colitis (UC) .

We present a case of a 33 years old female , G3P2 (SVD x 2) with a background history of ulcerative colitis diagnosed in 2019. She had history of a subtotal colectomy in 2020 with stoma formation. She subsequently developed a para stomal hernia but was doing well.

She booked at 12 weeks , had a normal dating and anomaly scan and was attending a consultant led clinic for antenatal care. She was not on any regular medication at the time of conception and was in remission phase.

She presented at 28 +1 weeks gestation to the Maternity unit complaining of abdominal cramps that were localised to para stomal region for 12 hours with the passage of black stool through the stoma.

There was no associated nausea or vomiting. There were no obstetric concerns. The CTG was normal. The patient's abdomen was soft but slightly tender around stoma. Black discolouration was noted around the stoma.

The patient was reviewed by the colorectal surgical team and the diagnosis of an ischaemic stoma was made. Stomal refashioning was felt to be necessary. The patient was given steroids and magnesium sulphate (MgSO<sub>4</sub>) for fetal lung maturity and neuroprotection respectively in the event of preterm labour. She was given antibiotics also. In theatre she underwent stomal refashioning with the colorectal team. Intraoperatively a 360 degrees twist of the stomal base was found and an 8cm long necrotic segment of the bowel was removed. The Post operative recovery was uncomplicated and she was followed up by the colorectal team and obstetric teams after discharge. She was delivered by a planned caesarean section at 39 weeks and post natal recovery was good.

The Main concerns with IBS surgery in pregnancy is fetal loss and preterm delivery. Preparation of the fetus is essential to reduce any complications from this eventually.

## THANATOPHORIC DYSPLASIA AND THE IMPACT OF THE DIAGNOSTIC PROCESS

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### Abstract

#### Background

Thanatophoric Dysplasia (TD) is a rare sporadic lethal skeletal dysplasia. It's divided into two types based on radiologic findings. Non-invasive prenatal diagnosis (NIPD) is a diagnostic test for certain single gene disorders, and it does not require an invasive test to confirm a positive result. Unlike non-invasive prenatal screening (NIPS) for aneuploidy, confined placental mosaicism has not been reported for monogenic conditions and the presence of the maternal genome can be accounted for in the analysis.

#### Objective

To describe the diagnostic journey of patients referred to the perinatal genomics service whose outcome was a diagnosis of TD

#### Methods

Prospective identification of patients who had a fetal diagnosis of TD over a two-year period

#### Results

Six patients had phenotypic findings of skeletal dysplasia on an ultrasound scan. 3/6 patients underwent an amniocentesis and a skeletal dysplasia panel was requested. 3/6 patients had NIPD using cell-free fetal DNA extracted from maternal plasma. For both methods laboratory analysis was by next generation sequencing. All six patients had a molecular diagnosis of TD. An MRI brain was performed to ensure genotype-phenotype correlation. Following a multidisciplinary discussion all of the patients chose to end the pregnancy. Patients who had NIPD had a shorter interval from referral to diagnosis and pregnancy management. As well as the emotional burden patients endure while waiting on results, we discuss the cost-benefit of NIPD versus an invasive procedure and genetic testing.

#### Conclusions

Progress in developing NIPD has been slower than NIPS. This is potentially due to the lack of commercial incentives, as the methods used for NIPD are more labour-intensive and not as readily scalable. This is because many cases will require the building of a bespoke assay for familial variants. However, when used appropriately under the guidance of a clinical geneticist it returns faster results, in a cost-effective manner. This has a significant impact on how we implement services and care for our patients.

## THE ACCEPTABILITY OF CONTINUOUS GLUCOSE MONITORING IN EARLY PREGNANCY

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### Abstract

#### Background

Gestational Diabetes Mellitus (GDM) can lead to adverse fetal and maternal outcomes. However, the level of hyperglycaemia that constitutes a diagnosis of GDM is controversial and there remains a lack of consensus over what diagnostic tests should be used to define hyperglycaemia in pregnancy. Continuous glucose monitoring (CGM) is emerging as a useful tool to assess glycaemic changes in diabetic patients. However, there is dearth of information about the acceptability to women of the use of CGM in early pregnancy.

#### Objective

This study investigated the acceptability of CGM sensors to women in early pregnancy.

#### Methods

An observational study was conducted in the first trimester in women with one or more risk factors for GDM. A CGM device was worn for 14 days. The acceptability of the sensors was evaluated through a questionnaire containing free-text, multiple choice, and Likert scale questions. The survey questioned the following key factors: patients' physical comfort and discomfort, ease of use, impact on daily life, attitude towards the sensor, experience in comparison to finger prick tests, perceived value of CGM sensors in pregnancy, and motivation to participate. Women with a prior diagnosis of Insulin-dependent or Type 2 diabetes mellitus were excluded.

#### Results

A total of 124 patients completed the questionnaire. Overall there was a positive (patient) experience reported and high acceptability of the sensor. Of the cohort, 95% reported that the sensor was not difficult to wear, and 95% reported no interference with activities of daily living and 89% agreed that the sensor was more convenient than capillary glucose testing. A range of behavioural changes were reported in the cohort with 46% of the cohort becoming more aware of their diet and 24% becoming more aware of their exercise.

#### Conclusion

CGM was well tolerated and accepted by the cohort of healthy women in early pregnancy. Future studies will present data that examine the relationships between measurements and pregnancy outcomes.

### THE PHENOTYPIC VARIANCE OF NOONAN SYNDROME PRESENTING IN DICHORIONIC DIAMNIOTIC TWIN PREGNANCY

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#### Abstract

We present a case of a 39-year-old woman in her second pregnancy with dichorionic diamniotic (DCDA) twin pregnancy. Twin A (female foetus) was found to have bilateral hydrothoracies and hydrops at the anomaly scan at 20 weeks + 3 days. There were no other obvious structural abnormalities detected in Twin A and none apparent in Twin B (male foetus).

A subsequent TORCH screen was negative. After extensive counselling she opted for conservative management of the foetal hydrops without antenatal diagnostic testing (i.e., amniocentesis) or in utero interventions (shunt insertion into the hydrothorax). Of note, a non-invasive prenatal screening test was low risk.

Sadly, there was a foetal demise in Twin A at 27 weeks. There was the development of polyhydramnios in Twin B. The mother was admitted at 29 weeks due to irregular tightening and had a PPROM at this time. She had an emergency caesarean section at 29 weeks as she began to labour. Twin B had a difficult postnatal course. Postnatal genetics for Twin B confirmed the diagnosis of Noonan Syndrome (PTPN11 gene). Twin A had a full post-mortem and had a diagnosis of Noonan Syndrome made at this time (PTPN11 gene).

Noonan syndrome is an autosomal dominant disorder with a 50% chance of recurrence of the pathogenic variant in each child. It is characterised by the varying degrees of facial anomalies, and developmental delay, with other structural abnormalities. Most commonly, this genetic condition involves mutations in genes of the Ras-MAPK pathway (PTPN11, SOS1, KRAS, NRAS, RIT1 and RAF1). RASopathies give rise to about 30% of monogenic causes of foetal hydrops diagnoses. Prenatal testing in fetuses revealed persistently increased nuchal translucency (NT) or hydrops fetalis in association with absent ductus venosus, cardiac and renal abnormalities or polyhydramnios are characteristic in features of RASopathies. There is a significant phenotypic variability as the heterogenous condition involves at least 16 RASopathy genes, with the most prevalent gene being the PTPN11 gene.

## TWIN REVERSED ARTERIAL PERFUSION (TRAP) SEQUENCE IN A MONOCHORIONIC DIAMNIOTIC (MCDA) TWIN PREGNANCY

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### Abstract

#### Background

We present a case of monochorionic diamniotic (MCDA) twins complicated by TRAP sequence treated with photocoagulation at 13w gestation. This is a rare case, with a paucity of published evidence. We detail the clinical, sonographic features of the pregnancy and salient considerations for management.

#### Case Presentation

This 26 year old woman, primigravida with BMI 32 with no significant medical or surgical history, was noted during her booking scan at 11 + 3 weeks' gestation to have MCDA twin pregnancy with one twin measuring appropriate for gestation and the second twin measuring smaller with a slow fetal heart rate. She was referred to the Fetal medicine unit, on review at 12+3w twin 2 was noted to have acrania, single rudimentary limb, no definite cardiac anatomy confirming TRAP sequence. Further management with cord occlusion and conservative management with just regular scans were discussed. She subsequently had successful intrafetal laser photocoagulation at 13w. She was followed up with weekly US scans till 21w at which the trap mass was no longer visible on transabdominal US and a marginal cord insertion was noted. She was then followed up with fortnightly US scan which showed normal growth. She had an emergency Caesarean section at 32+6w for an abruption, a liveborn weighing 2.07kg was born.

#### Discussion

TRAP is a rare entity associated maternal and fetal complications. It is a condition of monochorionic twin pregnancies and arises when the cardiac system of one twin does the work of supplying blood for both twins. It occurs in about 1 percent of monochorionic pregnancies, has no known risk factors and occurs at random in monochorionic pregnancies. Management of TRAP pregnancies may be expectant or interventional. Intrafetal laser photocoagulation is the predominantly used intervention in this setting, where the base of the umbilical cord of the acardiac twin is thermocoagulated. The normal twin has a perinatal mortality rate of approximately 50%-55% based on the literature review.

#### Conclusion

It is empirical to share clinical experiences.

## UNEXPECTED TRAGEDY: WHEN NON-IMMUNE HYDROPS FETALIS STRIKES IN AN OTHERWISE UNCOMPLICATED PREGNANCY

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### Abstract

A 35y old, Rh-ve pregnant woman with an uneventful antenatal course presents at 27 weeks with reduced foetal movements. Her anatomy scan at 20+ weeks showed no concerns. On ultrasound examination severe non-immune hydrops fetalis was diagnosed. She underwent urgent extensive investigation upon her referral to CUMH and then later to Rotunda Maternity Hospital. 1 week later she re-presented to UHK with same complaints and intrauterine foetal demise was confirmed on ultrasound. She had an uneventful induced vaginal delivery and no cause was found. Currently, she has an uneventful pregnancy at 29 weeks and is being closely monitored in FAU.



# Intrapartum Care

## AN OVERVIEW OF THE DELIVERY TREND OF A TERTIARY CARE CENTRE OVER A 10 YEAR PERIOD

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### Abstract

#### Background

The general practice surrounding labour and delivery seems to be constantly evolving. Globally, every obstetric unit promotes spontaneous vaginal delivery. However, with modern medicine this goal seems to be influenced greatly by induction and planned cesarean section.

#### Objective

The trends in delivery needs to be observed so that appropriate analysis of these changes can help promote spontaneous vaginal birth.

#### Study Design and Methods

A retrospective data extraction was performed using our computerized perinatal database that compiles data every quarterly throughout the year. 28,801 births for 28218 mothers were analyzed between 2013 to 2022. The number of births and the number of mothers were observed. The ratio of singleton to multiple birth was calculated. The variation in the induction rate, and LSCS rate was analysed. The type of LSCS and the mode of delivery was compared.

#### Results

Over the last 10 years, the number of birth irrespective of it being singleton birth or multiple birth has been downtrending. There is both an increase in induction rate and LSCS rate with subsequently lesser incidence of spontaneous labour. The main mode of delivery is vaginal birth [48.1%]. An average LSCS rate of 34.05% was noted. Emergency LSCS [17.2%] is more frequent than planned LSCS [16.8%]. For operative vaginal delivery, ventouse was used 2.7 times more frequently than forceps. Breech delivery was recorded at an average of 0.41% over the 10 year period.

#### Conclusions

Vaginal birth should be further promoted. The indications of induction of labour and LSCS needs to be studied to try to subside the induction rate as this will directly increase SVD.

## AUDIT OF CAESAREAN DELIVERIES AT FULL CERVICAL DILATATION AND THE IMPACTED FETAL HEAD IN A SINGLE TERTIARY IRISH HOSPITAL

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### Abstract

#### Background

The worldwide incidence of caesarean delivery is rapidly increasing, including caesarean sections at full cervical dilatation. Caesarean section at full dilatation is associated with increased maternal and neonatal morbidity. Deep impaction and moulding of the fetal head within the maternal pelvis make delivery more technically challenging and increase complication rates. Unfortunately, the rates of these challenging deliveries are increasing.

#### Objective

We aimed to identify the rate of caesarean sections at full dilatation in University Hospital Galway (UHG), and identify cases of the deeply impacted fetal head, assessing how often this happens in our unit and how these cases were managed.

#### Methods

Medical records of 34 women who had a caesarean section at full dilatation at term between January 1, 2021 to and December 31, 2021 were identified from the hospital database. Cases of preterm delivery and multiple gestation were excluded. Retrospective chart review was performed, demographic and outcome data were collected, and operative notes reviewed. Data analysis was performed using SPSS version 28. Data are presented as percentages, median and IQR, or odds ratio with 95% confidence intervals.

#### Results

In 2021, the emergency CS rate was 38.4%, and 5.9% of these occurred at full dilatation. 8 cases of IFH were identified, representing 29.6% of caesarean sections at full dilatation. Techniques employed included vaginal push-up and reverse breech extraction. Limited documentation not explicitly mentioning the manoeuvres occurred in 62.5% of the IFH cases. There were no differences in the labour characteristics or delivery outcomes in the IFH cases compared to caesarean sections at full dilatation.

#### Conclusions

Similar rates of IFH at caesarean sections at full dilatation in UHG occurred compared to international literature. Documentation of additional manoeuvres required for delivery was very poor, highlighting a critical area for improvement, as these difficult deliveries are at increased risk of proceeding to litigation.

## AUDIT OF CAESAREAN DELIVERIES IN THE SECOND STAGE OF LABOUR IN GALWAY UNIVERSITY HOSPITAL

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### Abstract

#### Background

The worldwide incidence of caesarean delivery is rapidly increasing. Caesarean section in the second stage of labour, when the cervix is fully dilated, is also occurring more frequently. Caesarean section in the second stage of labour is associated with increased maternal and neonatal morbidity when compared to caesarean section in the first stage of labour.

#### Objective

To audit the rate of second stage caesarean sections in Galway University Hospital (GUH), comparing this to international rates.

#### Methods

Medical records of 34 women who had a caesarean section at full dilatation at term between January 1, 2021 and December 31, 2021 were identified from the hospital database. 5 cases were excluded from review as the chart was not available, and 2 cases were excluded due to multiple gestation or preterm gestation in labour. Retrospective chart review was performed, demographic and outcome data were collected, and operative notes reviewed. Data analysis was performed using SPSS version 28. Data are presented as percentages, median and IQR.

#### Results

1901 caesarean sections were performed in 2021, which represented 38.4% of all deliveries in GUH. 34 caesarean sections were performed in the second stage of labour, representing 5.9% of all caesarean deliveries. The median age of women undergoing a second stage caesarean section was  $33 \pm 3$  years with median gestational age of  $40+2 \pm 9.45$  days at the time of delivery. 66.7% of deliveries were primiparous women. 44.4% were inductions of labour, and 62.9% received oxytocin during the first or second stage of labour. The median duration of the second stage was 90 minutes  $\pm$  104 minutes. 48.1% of cases had a prior attempt at instrumental delivery. Median estimated blood loss was 1700ml  $\pm$  500ml, 1 patient required blood transfusion. Uterine angle extension occurred in 2 cases.

#### Conclusion

The rates of caesarean section in the second stage of labour at GUH are similar to international figures quoted in the literature (5% of deliveries across the UK, as per RCOG guidelines).

### CAESAREAN SECTION AT FULL DILATATION: A RETROSPECTIVE REVIEW

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The National Maternity Hospital

#### Abstract

##### Objective

To compare the rates of caesarean section at full dilatation in our unit to the national standards, and investigate the maternal and neonatal morbidities associated with caesarean section in the second stage.

##### Methods

This was a retrospective analysis of all women who underwent caesarean section at full dilatation in the National Maternity Hospital from January 1st 2022 to December 31st 2022. Patients were identified using the MCMNS computer system. We conducted a retrospective review of patient charts to identify the duration of labour, the use of oxytocin, trial of instrumental delivery, intra-operative blood loss and maternal or neonatal morbidity. This data was analysed using windows excel and compared to the national standards.

##### Results

Fifty women underwent caesarean section in the second stage. This included 46 nulliparous women (92%), 15 in spontaneous labour (30%) and 36 (72%) with induction of labour. 35 women had oxytocin during the first stage of labour (70%). The majority of women were delivered for prolonged second stage, with the average duration of second stage being 118.3 minutes. 17 women underwent unsuccessful trial of instrumental delivery with 5 women having a double instrument trial. A consultant obstetrician was present at 78% of deliveries. 5 women (10%) had a major post-partum haemorrhage (>1000mls) with 3 women requiring admission to the high dependency unit for monitoring post operatively. There were 7 admissions to the neonatal unit (14%).

##### Discussion

Our study found that caesarean section in the second stage was associated with a high rate of maternal and neonatal morbidity. There is a worrying rise in the rate of caesarean section worldwide, including the rates of caesarean section at full dilatation. Audit of second stage caesarean section is vital to identify strategies to improve care and decrease rates of morbidity. Strategies to improve care include increased consultant presence and supervised training of junior obstetric staff to ensure safe intrapartum care.

## CLINICAL AUDIT ON CESAREAN SECTION ROBSONS GROUP 2 AND THEIR INDICATIONS

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### Abstract

#### Background

Cesarean section rates are steadily increasing globally. The factors contributing to these observed increases are complex. To justify the reason for IOL (Induction of Labour) and indications for Cesarean section for Primiparous women and consultant involvement in decision making. There was increase in C/Section rate for primiparous women was noted in last 2 years.

#### Objectives

- To justify the reason for IOL and indications for Cesarean section for Primiparous women
- and consultant involvement in decision making

#### Design

National figures for Cesarean Section Rates IMIS Reports 2020.

#### Method

The data was collected and hospital records were reviewed retrospectively, over a period of 3 months (Oct 2021-Dec 2021). INCLUSION CRITERIA: all cesarean sections for nulliparous women with singleton pregnancy 37 weeks where labour was induced or Cesarean section performed before labour. EXCLUSION CRITERIA: Nulliparous women where cesarean section performed in spontaneous labour Preterm cesarean section Breech /transverse lie.

#### Results

22% performed on maternal request, 18% IOL decisions were not by protocol, 18% IOL, ARM performed at poor BISHOP. 54% ELCS by maternal request. 43% EM CS done due to failure to progress, 4 hour action line for partogram was not followed in 60% C/S. many IOL before 40 week could have been delayed. FBS was not performed before any of EM CS.

#### Conclusion

Many areas of improvement noticed. IOL indications not properly selected and women were IOL before 40 weeks which could have been avoided. Em Iscs low threshold of LSCS not giving women adequate chance, no FBS used to chance normal delivery.

## COMPARISON OF MATERNAL AND NEONATAL OUTCOMES IN SPATULAS-ASSISTED AND FORCEPS-ASSISTED DELIVERIES

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### Abstract

#### Background

In Ireland, about 10-15% of deliveries are assisted vaginal births (AVBs), typically performed via vacuum or forceps. Use of Thierry spatulas, an unarticulated forceps, is more common in other European countries. Spatulas deliveries are rarely performed, with no mention of the instrument in current RCOG guidelines.

#### Objective

To compare maternal and neonatal outcomes in spatulas and forceps deliveries at a regional maternity hospital.

#### Study design and methods

A retrospective audit looked at all forceps (n=16) and spatula (n=6) deliveries performed in SLGH over 6 months from 01/10/22 to 31/03/23.

#### Results

712 deliveries occurred with an AVB rate of 13.48% (n=96). Of the 22 women included, 86.4% (n=19) were primiparous while all had singleton pregnancies greater than 37 weeks and a birthweight >2500g. Non-reassuring CTG was the most common indication for AVB (n=14). Average time to delivery from application of forceps or spatulas was 11.5 minutes and 14.8 minutes, respectively.

Spatulas deliveries were associated with higher rates of vaginal tears (66.6% v 31.25%), 2nd degree tears (33.3% v 18.25%) labial tears (16.6% v 6.25%) and obstetric anal sphincter injuries (16.6% v 6.25%). Forceps deliveries were associated with higher incidence of episiotomy (95.5% v 66.6%), post-partum haemorrhage (37.5% v 16.6%) and post-natal anaemia requiring blood transfusion (31.25% v 0%). Furthermore, forceps had higher rates of postnatal complications such as endometritis, episiotomy infection, wound dehiscence and faecal incontinence (6.25% v 0% for each). Forceps also had higher rates of neonatal morbidity in terms of facial laceration (12.5% v 0%), SCBU admission (37.5% v 16.6%) and arterial pH <7.10 (12.5% v 0%).

#### Conclusions

Use of spatulas may be a safe alternative to forceps deliveries with more favourable neonatal and maternal outcomes. However, spatulas appear to be associated with increased rates of perineal tears. More work is required to investigate maternal and neonatal outcomes in spatulas-assisted deliveries in Irish populations.

## DIAGNOSIS AND TIMELY MANAGEMENT OF CORD PROLAPSE

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The Rotunda Hospital

### Abstract

Umbilical cord prolapse (UCP) is an acute obstetric emergency with an increased risk of perinatal morbidity and mortality.

The aim of this review was to assess the current management practices of umbilical cord prolapse in the Rotunda Hospital and compare standards to guidelines. The documentation of the emergency and its completeness was also reviewed.

This was a retrospective chart review from January 1st 2020 to December 31st 2021. In this two-year study period, the hospital database identified 22 cases of UCP.

20 cases were identified during the study period mentioned. 65% were multiparous patients. 70% were cephalic presentation. The gestation at which cord prolapse occurred was between 25 weeks to 41 weeks. 55% was an antepartum event.

Only 55% (n=11) patients were positioned correctly on transfer to theatre. 60% have documented 'elevation of the presenting part'. The time interval from diagnosis to delivery was between 1 to 18 minutes.

Almost all women [95% (n=19)] had a caesarean section and one patient had an assisted vaginal delivery. All neonates were liveborn. Cord bloods were performed in all 20 deliveries.

The NICU was informed in 95%.

95% (n=19) patients were debriefed after the delivery. 65% (n=13) had complete documentation.

This review demonstrated excellent outcomes, in particular for neonatal outcome and for diagnosis-delivery interval, which reflect excellent training and teamwork. Simulation training in obstetric emergencies help improve teamwork, awareness and knowledge to improve neonatal outcome. Therefore, it is recommended all staff continue to keep their emergency management training up to date.

## DROP IT LIKE IT'S HOT: DIAGNOSIS AND TIMELY MANAGEMENT OF UMBILICAL CORD PROLAPSE IN A TERTIARY UNIT

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2 The Royal College of Surgeons of Ireland

### Abstract

#### Background

Umbilical cord prolapse (UCP) though an uncommon obstetric emergency can have great significant neonatal morbidity and mortality. Diagnosis, swift appropriate action and accurate documentation are key aspects in achieving best management.

#### Objective

To assess current management practices and documentation of UCP in a tertiary unit following implementation of the electronic medical record.

#### Methods

A retrospective analysis of medical records during 2022 using a 26 variable data collection tool created to capture the standards set by the local, national and international guideline in relation to cord prolapse.

#### Results

After excluding 3 cases (prematurity, cord presentation), 14 cases of UCP were identified and reviewed. All were >36weeks' gestation, and 64% were multiparous. Unconventionally, 93% were cephalic presentation while the remaining 7% were unstable lie. 71.5% were intrapartum events. Unexpectedly, none of the UPCs included a controlled artificial rupture of membranes. Senior obstetricians were called in 100% of cases, and time interval for arrival was 1 to 15 minutes. The time-interval from diagnosis to delivery was 7 to 19 minutes.

Only 28% of patients were positioned correctly on transfer to theatre. Four cases had documented maternal position, three in knee to chest and one in right lateral. Only 50% had documented elevation of the presenting part. No cases documented the use of bladder filling. All neonates were liveborn. Only 57% were admitted to NICU. 79% patients were debriefed after the delivery. 28% had complete documentation while the remaining 72% had incomplete documentation with deficiencies noted in documentation of timing, interventions and position on transfer.

#### Conclusion

There is a need for improvement of documentation, specifically interventional measures used during management and maternal positioning in UCP. To enhance performance, there is current

development with the MNCMS electronic platform to design a UCP proforma, which will improve and streamline documentation of clinical practice when managing UCP.

## EVALUATING BLOOD LOSS AT CAESAREAN SECTION: A HAEMORRHAGE RISK-BASED PROSPECTIVE STUDY

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### Abstract

#### Background

Multiple postpartum haemorrhage (PPH) risk assessment tools have been described, such as the California Maternal Quality Care Collaborative (CMQCC) risk assessment tool, which allow healthcare professionals to anticipate and plan for PPH before delivery. However, PPH risk assessment tools have, at best, moderate accuracy in predicting PPH as over 40% of PPH events occur in patients classified as low risk. Could the low predictive value of PPH risk assessment tools be the result of how blood loss is evaluated at delivery?

#### Objective

To assess the methods of blood loss evaluation at Caesarean delivery in our hospital in relation to PPH risk.

#### Methods

This prospective study was performed at a tertiary maternity hospital in Ireland. We recruited patients undergoing Caesarean delivery. Patient risk factors for PPH were documented according to the CMQCC risk assessment tool. In addition to collecting patient demographic information, we recorded direct observations of activities relating to blood loss measurement, calculation and documentation. Descriptive statistics were used to study the relationship between PPH risk and blood loss evaluation.

#### Results

One hundred Caesarean section patients were recruited for the study. We classified 27 patients as low risk, 54 patients as medium risk and 19 patients as high risk for PPH. In most patients' (84%), estimated blood loss were determined through suction canister blood volume measurements, and estimating blood volume in blood soiled surgical swabs without swab weighing. A higher percentage of patients in the high risk group (40%) had swab weighing compared to the low risk (19%) and medium risk (7%) groups.

#### Conclusions

Evaluation of blood loss at Caesarean sections was not uniform across PPH risk groups. Cognitive bias could affect blood loss quantification and prevent standardised blood loss evaluation. This could be reduced by objective and automated blood loss quantification tools.

**MATERNAL MORBIDITY AND POSTPARTUM MEDICAL COMPLICATIONS IN WOMEN WHO EXPERIENCED STILLBIRTH AT A TERTIARY MATERNITY HOSPITAL BETWEEN 2017 AND 2021**

Felicia Deonarine<sup>1,2</sup>, Emily O'Connor<sup>1,3</sup>, Keelin O'Donoghue<sup>1,3</sup>

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2 University College Cork, School of Medicine, Cork, Ireland

3 INFANT Research Centre, University College Cork, Ireland.

**Abstract**

**Background** Stillbirth is a devastating complication of pregnancy. In Ireland, stillbirth is defined as an infant born with no signs of life weighing at least 500 g or is at least 24 weeks. The focus of care after stillbirth is mainly psychological. Limited research is currently available pertaining to the maternal morbidities encountered following stillbirth.

**Objective** We aimed to explore the maternal morbidities experienced by women who had a stillbirth at a tertiary maternity hospital, to identify morbidities and investigate outcomes.

**Study Design and Methods** - This was a retrospective chart review from 2017-2021. A list of eligible cases was obtained from the stillbirth database, prepared for national annual audit and data were collected via electronic healthcare records. Basic demographics were recorded with admission details before recording the morbidities at or after birth.

**Findings and Results** There were 154 women who had a stillbirth and delivered at the hospital between 2017-2021.

Average age was 33.0 (range 17 - 43) years, 29.2% were primiparous and 35.1% had at least one previous miscarriage. Most deliveries were spontaneous vaginal deliveries (86.4%) occurring at an average gestation of 32.3 weeks (range 20.9 to 41.0).

The most common cause of stillbirth was placental issues (52.0%).

44 (28.6 %) women made 1.58 (range 1 to 5) average unscheduled visits to the emergency department an average of 9.4 (range 0.3 to 31.4) weeks before the delivery date. 11 (7.1%) women had postnatal visits after the stillbirth, 2 (1.3%) women were readmitted.

The main postpartum complications were hypertension (8.4%), haemorrhage related to placental abruption (7.1%), minor (500mL – 999 mL) post-partum haemorrhage (5.8%), blood transfusion (5.8%) and manual removal of placenta (0.65%).

**Conclusion** The understandable focus on bereavement care after stillbirth can result in missing medical complications. This study identified the key maternal morbidities in a cohort of women who had a stillbirth”

## PLACENTA ACCRETA IN AN UNSCARRED UTERUS: A COMPLEX CASE OF FAILED MANUAL PLACENTAL REMOVAL AFTER SPONTANEOUS VAGINAL DELIVERY

Shaegheh Mohammadi, Vahid Bossaghzadeh, Vimla Sharma

### Abstract

#### Introduction

Placenta accreta is a condition where chorionic villi invade the myometrium abnormally. This condition poses substantial risks, including haemorrhage, coagulopathy, visceral injury, and potential need for reoperation and in a non-scarred uterus is a rare but challenging scenario. Risk factors include: placenta previa, previous caesarean deliveries, maternal age  $\geq 35$  years, high gravidity, second-trimester high serum levels of AFP and free  $\beta$ -hCG, previous uterine surgery, previous uterine curettage.

#### Case Presentation

A 35-year-old woman (G4P3), previous 3 vaginal deliveries, with gestational diabetes mellitus (GDM) on treatment and polyhydramnios, presented at 34 weeks and 2 days gestation with high blood pressure. She was admitted for observation. Her membrane ruptured, and contractions began. She delivered a healthy baby boy via spontaneous vaginal delivery. However, placenta was retained. The patient was transferred to the operating theatre under spinal anaesthesia for further management. Despite manual removal attempts and medical therapies, the placenta remained adherent. Subsequent image studies, including MRI, confirmed the diagnosis of placenta accreta. Fortunately not any Post Partum Haemorrhage (PPH). After discussion about management options, the patient opted for total abdominal hysterectomy. The procedure was successful, and placenta was adhered on left lateral uterine wall and fundus. Histopathology confirmed placenta Accreta.

#### Discussion

The multidisciplinary approach involving obstetricians, anaesthetists, and radiologists is crucial for early diagnosis and optimal management. Planned delivery between 35+0 and 36+6 weeks gestation, balancing foetal maturity and risks of unscheduled delivery, are advised. Hysterectomy remains the standard treatment due to its life-threatening potential. Uterus preserving technique, like partial myometrial resection can be considered.

#### Conclusion

Placenta accreta in an unscarred uterus should be considered in cases of unsuccessful MROP post-SVD. Personalized strategies will shape placenta accreta management."

### PRETERM OPTIMIZATION: A RETROSPECTIVE ANALYSIS

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1 Guy's and St Thomas' NHS Foundation Trust

2 King's College London

#### Abstract

##### Introduction

Preterm Births, defined as delivery prior to 37 weeks' gestation, occurring in 11% of pregnancies worldwide. Prematurity is the leading cause of neonatal mortality and morbidity, resulting in significant psychological impact on families, their children, and huge financial costs to society. BAPM introduced the Saving babies lives updated version 3 was presented In Spring 2023. Part of this bundle emphasises the management of preterm birth, as optimisation of women and their babies has shown to significantly improve neonatal outcomes.

##### Aim

To assess the delivery of pharmacological interventions- Antenatal Corticosteroids (ACS), Benzylpenicillin and Magnesium Sulphate (MgSO<sub>4</sub>)- for optimization of preterm labour in a London maternity unit.

##### Study Design

A retrospective chart analysis of preterm deliveries in St Thomas' hospital in 2022 using the electronic maternity records was performed. Women who delivered between 22+0 and 34+6 weeks were included. Excluded were women delivering outside this gestational range; intrauterine death (IUD); medical termination of pregnancy (MTOP); fatal foetal abnormalities; women progressed to term.

##### Results

191 women were included, delivered between 22+0 and 34+6 weeks during 2022. Table 1 shows the numbers of women administered 1st dose of medication, subsequent dose and optimized within the appropriate time frame for delivery.

Initial dose of ACS was achieved in 168 (88%) preterm infants, only 68 (36%) received these within the optimal timing window. Antibiotic prophylaxis was commenced in 54 (28%) of the cohort, 14 (7%) were given antibiotics to treat chorioamnionitis. Three women received vancomycin as they were penicillin allergic. MgSO<sub>4</sub> was commenced in 111 (58%) preterm births. We examined births <30 weeks in keeping with recommendations for preterm neuroprotection, 43/76 (57%) had received optimal MgSO<sub>4</sub> prior to delivery.

##### Conclusion

Optimal Antenatal medication administration for preterm birth optimisation is a complex timing window that has many variables. Quality improvement interventions are recommended.

## PREVENTION OF EARLY ONSET GBS DISEASE: ARE WE DOING WHAT WE'RE TOLD?!

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### Abstract

#### Background

Group B Streptococcus (GBS) is a common bacteria that is carried in the rectum and vagina of approximately 20% of people. It can create antenatal, intrapartum and postpartum risk and is a major cause of sepsis and meningitis in the neonatal period. Intrapartum treatment with antibiotics in GBS positive women has been shown to reduce perinatal transmission and thus the prevalence of early onset GBS (EOGBS) disease. Antibiotic choice in women with significant penicillin allergy is more challenging as up to 40% of GBS isolates are resistant to clindamycin. Appropriate GBS Culture and sensitivity testing in women with penicillin allergy is therefore imperative. The recently launched HSE/IOG Guideline for prevention of EOGBS is welcomed and provides recommendations to reduce prevalence, and the aim of this audit was to assess compliance with two aspects of this guideline.

#### Study Design and Methods

A retrospective review of women undergoing induction of labour (IOL) at or beyond 37 weeks gestation patients between April and July 2023 was conducted to ensure they were offered GBS screening (if appropriate) at IOL. Compliance with the recommendation to offer GBS ECM screening to women with penicillin allergy was also assessed.

#### Findings/Results

Compliance with the recommendation to offer GBS screening at induction of labour is excellent. Enhanced education around screening women who disclose a history of immediate hypersensitivity to penicillin is required.

#### Conclusion

We welcome the HSE/IOG guideline for prevention of early onset GBS but should improve staff education and communication with pregnant women to improve compliance.

## RE-AUDIT REPORT ON VAGINAL BIRTH AFTER CESAREAN SECTION AT UNIVERSITY HOSPITAL WATERFORD

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University Hospital Waterford

### Abstract

#### Introduction

This re-audit at University Hospital Waterford assesses the VBAC program's progress, building upon the initial audit from January to June 2022. It aims to enhance maternal healthcare by identifying and implementing improvements, fostering a patient-centred approach, and supporting women with prior cesarean sections.

#### Methods

Data collected and analyzed from July to December 2022, paralleling the primary audit period, encompassed VBAC trial numbers, success rates, delivery plan documentation, induction rates, and NICU hospitalization requirements.

#### Results

In the primary audit, 27.8% attempted VBAC, with a 67% success rate, aligning closely with RCOG recommendations. However, most chose the Elective Repeat Cesarean Section. While 93% had documented delivery plans, slightly below the RCOG standard, 64% were induced, and 89% of newborns avoided NICU. In the re-audit, improvements included an 82% VBAC success rate, 94% with documented plans, a 36% induction rate, and 91% of newborns avoiding NICU. These results signify maternal and neonatal care progress, suggesting a shift towards patient-centred childbirth, warranting ongoing monitoring and enhancement.

#### Discussion

The re-audit at University Hospital Waterford showcased significant advancements, particularly an 82% VBAC success rate exceeding RCOG guidelines—improved communication led to increased documented birth plans, indicating better healthcare provider-patient collaboration. A reduced induction rate highlights a more patient-centred approach favouring natural labour progression. The hospital's consistently low NICU hospitalization rate reflects a commitment to high-quality maternal and neonatal care, marking positive strides in healthcare enhancement for mothers and newborns.

#### Conclusion

This re-audit shows significant enhancements, including an 82% success rate, improved documentation, fewer inductions, and positive newborn outcomes. These improvements benefit mothers and align with best practices, urging ongoing monitoring and enhancement.

## SEQUENTIAL ASSISTED VAGINAL DELIVERIES – A 15 MONTHS' REVIEW IN UNIVERSITY HOSPITAL KERRY

LR Silva, A Taiwo, W Khattab

University Hospital Kerry

### Abstract

#### Background

According to the World Health Organization (WHO), the global rate of assisted vaginal deliveries is estimated to be around 10-15%. Theoretically, an implication can be made that high-income countries have higher rates of assisted deliveries due to the increased availability of obstetric interventions and technology. For example, the latest data set from UHK states that 15.2% of all births are instrumental (2.8% forceps, 12.4% vacuum). The decision to perform an assisted delivery should be made on a case-by-case basis by experienced providers.

#### Objective

To review the rate of sequential assisted vaginal deliveries (SAVD), evaluate the circumstances in which they were performed, study UHK's compliance with instrumental deliveries RCOG guidelines, and analyze both maternal and neonatal outcomes.

#### Methods

This is a retrospective cohort study of women who have delivered in labour ward or Operation Theatre in UHK by means of SAVD in the past 15 months (January 2022 to March 2023). Data was collected from the labour ward book of records and MN-CMS system (Cerner), and then analyzed by means of Microsoft Excell.

#### Results

A total of 23 SAVD were identified in the chosen timeframe. 68% of women were aged 30y or older, 19 were primiparas, with all gestations had reached full term (37+0) by the time of delivery. 13 deliveries were spontaneous and the majority of deliveries did not require escalation to the operation theatre. Most deliveries were conducted by registrars-alone (35%) or Registrar-Consultant duo (39%). 74% of indications were maternal with the most common presentation being OA.

Major maternal complications were found in 6 patients (4 PPH and 3 OASIS) and in 9 cases, foetal instrument-related injuries.

#### Conclusions

Obstetricians require training in the selection and use of instruments in order to achieve the aim of completing delivery safely with a single instrument. Additionally, a balance needs to be maintained between an appropriate time and place, and an experienced physician in the wake of a difficult assisted vaginal delivery.

## SHOULD WE BE INDUCING FOR LARGE-FOR-GESTATIONAL-AGE? THE OUTCOMES OF DELIVERY IN NON-DIABETIC FETAL MACROSOMIA

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### Abstract

#### Background

Fetal macrosomia or large-for-gestational-age(LGA) is defined as birthweight over 4000g. LGA can be associated with increased maternal and perinatal morbidity including obstetric anal sphincter injuries(OASIS), caesarean section(CS), postpartum haemorrhage(PPH) and shoulder dystocia(SD). Despite these complications, there is conflicting evidence on the optimum strategy for delivery of LGA babies in the absence of diabetes.

#### Objective

To review the outcomes of delivery of non-diabetic macrosomia in an Irish tertiary centre.

#### Methods

Retrospective cohort study of all non-diabetic macrosomia in a tertiary referral centre over a 1-year period. Maternal demographics, obstetric and neonatal outcomes were recorded using the hospital information system. Women with diabetes, preterm birth or delivery by elective CS were excluded. Patients were divided into two groups:

- 1.Spontaneous Onset of Labour(SOL) between 37 – 42 weeks gestation with birthweight over 4000g.
- 2.Induction of Labour(IOL) for LGA between 38 – 42 weeks gestation. LGA defined on ultrasound as either an estimated fetal weight(EFW) >90th centile or abdominal circumference(AC) value >95th centile.

#### Results

607 patients fit the criteria. 16% (n=98) were IOL. 84% (n=509) were SOL. 31.3% of women were nulliparous (n=190) while 68.7% (n=417) were multiparous. Instrumental delivery rate was similar in both groups. 42% of nulliparous IOL had emergency CS compared to 20.1% SOL. 19% of nulliparous IOL had a major PPH compared to 11.3% SOL. SD rates were higher in nulliparous IOL compared to SOL (16% vs 14.4%). NICU admission rates were higher in nulliparous IOL compared to SOL (32% vs 3.7%). OASIS were seen in 4.4% of nulliparous SOL group compared to 0% in IOL.

#### Conclusions

There were higher rates of emergency CS, major PPH, SD and NICU admission in nulliparous non-diabetic women induced for LGA when compared to the SOL group. The incidence of OASIS

was higher in the SOL group, particularly in nulliparous women. There was no significant difference in instrumental delivery rates.

## SIMULTANEOUS UTERINE AND BLADDER RUPTURE IN A VBAC ATTEMPT

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### Abstract

This 26-year-old woman, G2P1, presented at 40+5 weeks GA, desiring a vaginal birth after a previous uncomplicated Elective Cesarean section (LSCS) due to breech presentation. She had regular combined care with her GP, maintained a normal BMI, and had normal fetal growth during examinations and ultrasounds.

Upon admission, she experienced irregular abdominal pain but was not in established labor. Continuous fetal monitoring (CTG) showed no signs of fetal distress. After 12 hours, she progressed into established labor, received epidural anesthesia, and underwent continuous CTG monitoring. When she reached 9 cm cervical dilation with +1 station, suspicious CTG changes prompted an emergency category 1 cesarean section (CS) decision.

Within 20 minutes, a baby boy was delivered with good APGAR scores and a birth weight of 3.570 kg. During the CS, significant findings were discovered, including ragged tissue and tears in the anterior lower uterine segment, extending horizontally and vertically towards the cervix. Additionally, a long transverse tear of 6-7 cm with ragged margins was noted on the bladder. Both uterine and bladder wall tears were meticulously repaired by obstetric and surgical consultants.

Postoperatively, the patient experienced an estimated blood loss of 1200 ml and received 2 units of red blood cells (RBC) transfusion. She underwent debriefing to facilitate her understanding of the events and recovery process. Her recovery progressed well, with the removal of Foley's catheter on the 14th postoperative day. Follow-up appointments showed positive outcomes with no major complications.

In conclusion, this case emphasizes the success of vigilant management in VBAC. While many women achieve successful VBAC, the potential for serious maternal and fetal complications, such as uterine rupture, must be considered. Bladder rupture, though rare, can also occur alongside uterine rupture, necessitating emergency intervention. Antenatal counseling, a high index of suspicion, and prompt action when red flags appear to contribute to favorable outcomes in VBAC cases.

## THE OUTCOMES OF SROM INDUCTIONS- IS LABOUR LESS LIKELY?

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### Abstract

Spontaneous rupture of membranes(SROM) prior to labour occurs in 8% of term pregnancies(1) with 60-95% achieving spontaneous labour(SOL) within 24 hours(2). In the absence of SOL, induction of labour (IOL) is commenced. The rate of caesarean delivery (CD) in IOL for SROM in the National Maternity Hospital (NMH) was 40.1% in 2022. We examined maternal and obstetric demographics associated with CD in failed IOL for SROM.

To examine Group 2a patients, assessing demographic differences between those with failed IOL for SROM and those who established in labour after IOL for SROM.

A case control study of Group 2a patients was conducted in the NMH between July 2021 and July 2022. 50 consecutive patients with failed IOL for SROM were compared with 100 patients who established in labour with IOL for SROM. Maternal age, duration to IOL, BMI, pre-IOL Bishops score, intrapartum risk factors and mode of delivery was recorded.

There was no statistically significant difference in age or BMI between the two groups. Women with a failed IOL had a lower mean Bishops score prior to IOL, 2.68 vs 3.65( $p<0.05$ ). Failed IOLs had a shorter interval from SROM to commencing IOL compared to those establishing in labour (19 +/- 2.87h vs 24h +/- 2.84h,  $p<0.05$ ). They also had a shorter duration of oxytocin infusion (8h vs 6.48h,  $p<0.05$ ). This may be related to the higher rate of caesarean delivery for fetal indication in those with failed IOL (40% vs 6%). It also may be related to the higher rates of intrapartum risk factors in the cohort with failed IOLs (Table 1). Of note, at delivery, the rate of OP positions was higher for those with failed IOLs (34% vs 13%,  $p<0.05$ ).

A higher Bishops score is associated with increased rates of labour in those with IOL for SROM. A longer duration from SROM to commencing IOL appears to increase the likelihood of establishing in labour, yet this must be balanced with infection risk. Our results suggest that a holistic approach to the management of IOL for SROM should take into account Bishops score, fetal position and wellbeing, and duration of SROM

## THE RISING TIDE: TRENDS IN INDUCTION OF LABOUR OVER A FIVE YEAR PERIOD

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### Abstract

#### Background

Induction of labour (IOL) is a much debated topic. Elective induction of labour (eIOL) is currently under scrutiny, with concerns that increased eIOL will result in increased CS rates. We sought to determine if trends in induction rates are aligned with, and a potential explanation for, trends in CS rates.

#### Objective

The objectives of this single centre study were to:

- a.Examine overall rates of IOL over a 5 year period
- b.Assess the trends in categorical reasons for IOL over a 5 year period
- c.Assess how each reason for IOL has contributed to the caesarean section rate

#### Methods

This study utilised prospectively collected data on all patients who delivered following IOL, over the course of 5 years from 2018 to 2022 inclusively, at a major tertiary referral centre in Ireland.

#### Results

A total of 36,938 women (16,155 nulliparous and 20,783 multiparous) were assessed over the 5 year study period, of whom 8072 and 5378 were induced respectively. There was a statistically significant increase in rates of induction in nullips with IOL rates increasing from 42% to 57% ( $p<0.001$ ), and multips with IOL rates increasing from 27 to 33% ( $p<0.001$ ). Table 1 shows the data from singleton cephalic live term nulliparous and multiparous women categorised by reason for IOL, showing a statistically significant trend positive trend within the eIOL category in both groups, and post-dates categories in multiparous women. In nulliparous women the highest average contributions to the hospital CS rate were from those being induced for 'fetal' (5%), 'SROM' (4%), and 'maternal' (4%) reasons, with the lowest CS contribution from the eIOL category (<1%). In multiparous women, the average contribution to the hospital CS rate was <1% for all indications.

#### Conclusion

The results show that the rate of IOL is trending upwards. The rising contribution of maternal and fetal reasons for IOL may reflect the increasing numbers of higher risk pregnancies. Despite current controversy, eIOL does not appear to have contributed significantly to the overall IOL or CS rate in this centre.



## Postnatal Issues

## ACCURACY TESTING OF A NOVEL OBSTETRIC BLOOD LOSS QUANTIFYING DEVICE AND ITS FUTURE IMPLICATIONS

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2 Stryker Instruments Innovation Centre, Cork, Ireland

3 National Perinatal Epidemiology Centre, Cork, Ireland.

### Abstract

#### Background

Postpartum haemorrhage is a global health challenge which accounts for significant maternal morbidity and mortality. For prompt diagnosis and treatment, accurate assessment of bleeding status following delivery is vital. An obstetric blood loss quantifying tool could aid in the early detection of postpartum haemorrhage.

#### Objective

The objective of this study is to evaluate the accuracy, and the agreement, in measuring Hb concentration using the Stryker system against a reference haematology analyser.

#### Method

We developed an obstetric blood loss quantifying tool and tested its accuracy in detecting the haemoglobin concentration of fluid mixtures. The device utilizes a peristaltic pump that transports liquid waste to an optical sensor which calculates the haemoglobin concentration of the waste. Unwanted human whole blood provided by the Irish Blood Transfusion was diluted with normal saline and was used to simulate delivery waste following childbirth. The accuracy of the device in measuring haemoglobin concentration was compared to a reference haematology analyser.

#### Results

We successfully conducted 247 tests by using five units of blood. The accuracy of the device was within approximately 1 g/dL of the reference haematology analyser across a wide range of haemoglobin concentrations.

#### Conclusion

This study supports further evaluation of this novel blood quantification tool for the early identification of postpartum haemorrhage.

## AN AUDIT ON MATERNITY RE-ADMISSIONS REVIEWED BY CONSULTANT OBSTETRICIAN AND GYNAECOLOGIST

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### Abstract

#### Background

RCOG recommended that consultants review women within 14 hours of admission and this applies to postnatal admissions as well. System development to ensure consultant review all postnatal readmissions including those requiring care on a non-maternity ward is encouraged.<sup>1</sup> This was reiterated by MBBRACE that deviation from usual clinical pathway such as abnormal postnatal symptoms triggers early senior intervention and timely consultant involvement.<sup>2</sup> Recent Ockenden report emphasised that postnatal readmission for maternal complications are uncommon and are by definition complex.<sup>3</sup> Therefore management should include a review by a consultant.<sup>3</sup> Providing quality maternity service should include monitoring and report of postnatal readmission statistics.<sup>4</sup>

#### Objective

This audit will determine the total number of readmissions over 24-months period and the reasons. Whether patient was reviewed by the consultants during readmission. **STUDY DESIGN AND METHODS:** This is a retrospective audit. All 50 patient's electronic files were retrieved who were readmitted from January 2021-December 2022 at University Hospital Kerry. Readmission after 42 days postnatal and reasons for readmission not associated with postpartum are excluded.

#### Results:

50 women were readmitted, of which 33 were post caesarean section (CS), 14 spontaneous vaginal delivery (SVD) and 3 operative vaginal delivery (OVD). The average timeline for readmission was 13.1 days, 9.1 post SVD, 16.0 following OVD, 11.7 for elective CS and 18.2 following emergency CS. Most common reason constitutes to 56% was infection.

#### Conclusions

50% of readmissions were not seen by consultants and only a third of these cases were discussed. Despite having notification system to primary team consultant via electronic portal, these findings identified a discrepancy between standard recommended.

#### Recommendations

There is a need for multidisciplinary team to have further education to facilitate communication and escalation for care of women readmitting. Future audits to compare outcomes of women with consultant review.

## ARE WE FAILING OUR TEENS? THE IMPORTANCE OF ANTENATAL PLANNING OF POSTNATAL CONTRACEPTION

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The Rotunda Hospital

### Abstract

#### Background

The Teenage Pregnancy Service provides antenatal, intrapartum, and postnatal care to all obstetric patients aged 19 and under attending The Rotunda Hospital. A significant proportion of patients described their pregnancy as unplanned. Patients attending this clinic are disproportionately affected by social disadvantage, and thus encounter greater difficulty in accessing reliable, effective contraception. Contraception counselling has traditionally been deferred until the postnatal visit, with low rates of counselling antenatally.

#### Aim

To audit the practice of contraceptive counselling, administration, and postnatal clinic attendance for patients attending the Teenage Pregnancy Service, who delivered within a six-month period.

#### Design/Methods

This was a retrospective chart analysis of patients attending the Teen Pregnancy Service, who delivered between 1/1/23 and 31/7/23. It was a re-audit, of a study assessing the period 1/7/21 to 31/12/21. The study population was identified using iPMS, and charts were reviewed using MNCMS. Data was analysed using Microsoft Excel. Approval was granted by the hospital Clinical Audit Committee.

#### Results

Patients who delivered during the six-month study period were identified. Charts were reviewed for documentation on contraceptive counselling and choices; both antenatally and postnatally. Charts were reviewed for provision of contraception prior to discharge from hospital (defined as either provision of long-acting reversible contraception, or a prescription for an oral contraceptive). Charts were reviewed for attendance rates at the dedicated postnatal visit (appointments for which are sent to all patients). Antenatal counselling and provision rates improved compared to the 2021 period.

#### Conclusions

Our experience is a model for the management of postnatal contraception. The expansion of the Free Contraception Scheme has aided this. Antenatal counselling and provision is acceptable to patients, and provides certainty. It is a model that can be expanded to any Obstetric service.

## ASSESSMENT OF COMPLIANCE WITH RCOG GUIDELINES IN THE MANAGEMENT OF OBSTETRIC ANAL SPHINCTER INJURY IN CUMH

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### Abstract

**Background** Obstetric Anal Sphincter Injury (OASI) encompasses third- and fourth-degree perineal tears. The RCOG Green-top Guidelines no. 29 (June 2015) provides information on the management of third- and fourth-degree perineal tears. The RCOG Guideline recommends the use of broad-spectrum antibiotics following the repair of OASI to reduce the risk of post-operative wound infections and dehiscence. The guideline also recommends that women who have undergone OASI repair should be reviewed 6 to 12 weeks postpartum.

**Objective** The aim of this audit is to review compliance of OASI management in CUMH is compliant with RCOG recommendations.

**Study Design and Methods** We conducted a retrospective review of patients who had 3rd and 4th degree tears from January 2022 to June 2022. We obtained our data from the electronic health chart and the delivery record book in our Labour Ward.

**Findings/Results** There were a total of 29 patients who had a repair of 3rd and 4th degree perineal tears between January 2022 to June 2022.

In the cohort of women audited, 62% (18/29) were primiparous and only 10% (3/29) had a baby weighing more than 4 kg.

In 31.03% (9/29) of the cases reviewed in this audit, episiotomy was performed.

Of the 29 patients with OASI, 24.14% (7/29) had an instrumental delivery and all of this cohort received an episiotomy as recommended by the RCOG guideline.

Antibiotics were given in all cases in line with the RCOG guideline recommendations. As per local protocol, patients were given a stat dose of IV Co-amoxiclav and Metronidazole prior to the repair and a total of seven days of oral antibiotics following the repair.

Perineal Clinic follow-up occurred in 75.86% (22/29) of cases.

**Conclusions** Overall, compliance with antibiotic management is excellent with 100% of women with OASI receiving antibiotics. Only 75.86% of women had a review in the Perineal Clinic following their OASI repair highlighting the need for increased awareness by those looking after these cases to ensure adequate follow-up is arranged prior to discharge.

## AUDIT ON THE FOLLOW-UP OF WOMEN WITH DELIVERIES COMPLICATED BY OASIS IN UHK

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University Hospital Kerry

### Abstract

#### Background

Obstetric anal sphincter injuries (OASIS) are relatively rare but serious complications of vaginal deliveries. Overall OASIS risk, as per a meta-analysis study, is 6.3%. However, this trend towards increasing incidence does not directly indicate poor quality of care but rather an increased awareness and training, and ultimately better detection of OASIS. Appropriate management, and in particular, follow-up ar

#### Objective

To evaluate the occurrence and compliance of OASI follow-up appointments in UHK.

#### Methods

A retrospective audit within the year 2020 and 2022 was conducted to investigate the follow-up of women with deliveries complicated by OASIS in UHK. Data were collected on postnatal reviews, outpatient follow-up appointments, and physiotherapy. The audit also examined documentation practices related to OASIS cases.

#### Results

A total of 17 patients were found to have suffered a degree of OASIS within the study period. The audit identified areas for improvement in the provision of postnatal reviews, outpatient follow-up appointments, and physiotherapy. Documentation practices related to OASIS cases were also found to be inadequate. Of the 17 patients, 14 patients were provided with a postnatal review, with 2 being denied it, and no information being available on another individual. Concerning debriefs, 15 patients were provided one, while the rest (2) were not. 8 patients had an outpatient follow up, 5 did not, 3 missed their appointment, and 1 had no information. 15 patients underwent physiotherapy, 1 did not, and another did not attend the appointment. Symptomatology was not constant post-repair.

#### Conclusions

Comprehensive follow-up care is important for women with deliveries complicated by OASIS, as these injuries can have long-lasting effects on a woman's health and quality of life. The findings suggest that there is room for improvement in the provision of postnatal reviews, outpatient follow-up appointments, and physiotherapy. Further investigation is needed to better document cases of OASIS and improve management strategies.

## BLOOD TRANSFUSION PRACTICES IN OBSTETRICS AND COMPARISON TO PREVIOUS AUDIT

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### Abstract

#### Introduction

With blood products being a limited and expensive resource within the healthcare system, there is an ever-increasing emphasis on judicious and appropriate use.

#### Aims

This audit aimed to assess best practices in postnatal red cell transfusion-namely;

1. 80% of transfusions to be a single unit
2. Transfusion of one unit at a time and check haemoglobin between transfusion of each unit
3. Adherence to a restrictive transfusion protocol- i.e. transfusion at a haemoglobin of  $<7\text{g/dL}$ .

#### Methods

This was a retrospective cohort study. Hospital identification numbers were recorded by the blood transfusion laboratory for all women who received a red cell transfusion in the national maternity hospital between January 2022 and December 2022 (N=117). These identification numbers were then entered into the MCMS computer system and data were extracted.

#### Sample Size

117 women received red cell transfusion.

#### Inclusion Criteria

All women who received a post-natal blood transfusion outside of an emergency setting (n=55), between January 2022 and December 2022.

#### Exclusion Criteria

Women who had an antenatal transfusion, an intrauterine blood transfusion, a transfusion for a gynaecological reason, or a transfusion in an emergency setting (n=62), were excluded.

117 women received red cell transfusions in the National Maternity Hospital from January 2022 to December 2022. This is in comparison to 119 women in 2018.

55 women received a red blood transfusion postnatally

70% of women received a single unit of blood, this is in comparison to 53.9% in 2018.

Of those that received 2 units (27% of all women receiving a transfusion), 74% of women had a hb check between units. This is in comparison to a recheck hb between units of 80% in 2018. Of those (3%, n=2) who had 3 units transfused, both had 2 units prescribed without a check hb in between and a further unit after checking hb.

#### Conclusions:

The transfusion practices are static or improving, compared to 2018. However there is further education needed to reach targets outlined.

## BREASTFEEDING IS ASSOCIATED WITH FAVOURABLE BODY COMPOSITION AND LOWER GLYCOPROTEIN ACETYLS: FINDINGS FROM THE ROLO LONGITUDINAL COHORT STUDY MOTHERS.

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### **Abstract**

**Background** Breastfeeding has recently been associated with reduced risk of cardiovascular disease in later life for women.

**Objective** To investigate the association between lifetime breastfeeding behaviour and markers of cardiovascular risk in later reproductive age women.

**Methods** This was a prospective longitudinal birth cohort study of 168 parous women recruited in their second pregnancy, and invited back at 10 years postpartum. Health, lifestyle and infant feeding questionnaires, blood samples, anthropometry and total body DXA for body composition were collected. Cardiovascular risk was estimated using QRISK<sup>2</sup> and hierarchical multiple linear regression analysis performed using SPSS for Mac (V.27).

**Results** Mean age was 42.4 years (SD 3.8; Range 31-50) and 92.9% (n=156) of participants were premenopausal. Ever breastfeeding rates were 72.6% (N=122) and 37.5% (N=63) had breastfed for  $\geq 12$  months over their lifetime. Median breastfeeding durations were 5.5 weeks exclusive breastfeeding (IQR 35.8; Range 0-190) and 30.5 weeks any breastfeeding (IQR 84.0; Range 0-488).

Breastfeeding duration was not associated with cardiovascular risk scores in adjusted models. Lower glycoprotein acetyls were associated with ever breastfeeding ( $p = 0.03$ ), and lifetime breastfeeding  $\geq 12$  months ( $p = 0.001$ ). Lifetime breastfeeding  $\geq 12$  months and longer exclusive breastfeeding were associated with lower Fat Mass Index ( $p = 0.03$ ,  $p = 0.01$ ), tissue percentage fat ( $p = 0.02$ ,  $p = 0.009$ ) and visceral adipose tissue volume ( $p = 0.04$ ,  $p = 0.025$ ) after correcting for BMI and other confounders.

**Conclusion** Longer breastfeeding is associated with favourable body composition and lower glycoprotein acetyls. Glycoprotein acetyls is a novel inflammatory biomarker associated with cardiometabolic risk. Visceral fat in particular is associated with risk of coronary artery disease. All pregnant women should be counselled about the potential benefits and optimal breastfeeding duration. Our findings may be particularly useful in counselling those women at higher risk of cardiovascular disease.

## BREASTFEEDING KNOWLEDGE, ATTITUDES AND TRAINING AMONGST DOCTORS IN IRELAND

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### Abstract

Breastfeeding (BF) is the ideal method of infant feeding, however, Irish rates remain among the lowest worldwide. Recent studies show that lack of BF knowledge among healthcare professionals contributes to this problem.

To examine BF training, knowledge and attitudes among doctors in Ireland who care for pregnant and lactating women.

An online survey was disseminated via email and messaging apps to Obstetric & Gynaecology (O&G), Paediatric doctors, and General Practitioners (GP). Data collected included participant demographics, previous BF training and personal experience, knowledge and attitudes towards BF. SPSS was used for analysis. Informed consent was obtained, and ethical approval granted by UCD ethics committee.

Participants (n = 396) were doctors aged 25-81 years old. Most (77%) were female. 63% were GPs (n=256), followed by O&G (23%) and Paediatricians (11%).

Almost half (41%) of participants reported receiving no formal BF training, while 44% had received up to two hours of training. Almost half provided care to BF women every day and a further 33% provided care once or twice a week.

The O&G group rated their ability lower than Paediatricians and GPs to: discuss BF with patients ( $p < .001$ ;  $p = .23$  respectively), support BF problems ( $p = .047$ ;  $p < .001$  respectively), advise on good BF practises ( $p < .001$ ;  $p < .001$  respectively) and to direct patients to further information ( $p = .038$ ;  $p = .005$  respectively). In terms of the ability to prescribe medications safely for those BF, O&G rated their abilities higher than the paediatric group ( $p < .001$ ).

99% of respondents agreed that promoting and supporting BF is important in their role as doctor and 93% (n = 375) agreed that all doctors require further training in this area.

Doctors in these areas receive little to no lactation training, despite encountering BF patients regularly. We have identified areas where a significant proportion of physicians self-report a knowledge deficit. Providing access to evidence-based training resources and education could improve the care provided to these lactating women.

GAS COMPLICATED BY OVARIAN VEIN THROMBOSIS: A RARE POSTPARTUM CASE

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Cork University Hospital

**Abstract**

Maternal morbidity and mortality are global socioeconomic and healthcare burdens. Group A Streptococcus (GAS), continues to pose a threat to women during pregnancy and the postpartum period. symptoms may vary to include mild sore throat, fever, muscles ache up to sepsis. Early recognition of the subtle signs and symptoms of sepsis is critical to decrease the risk of mortality. MDT involvement is crucial. One of the rare complications is venous thrombosis. In this case report we present a postnatal lady who had a GAS infection complicated by Ovarian vein thrombosis. In Day 12 CT findings revealed: Extensive thrombus in the right gonadal vein. extending up to the junction with IVC. Up to our knowledge, similar cases are rarely reported in literature.

GAS poses a lethal threat for women during pregnancy and the postpartum period. Pregnancy is a highly immunomodulated state which increases the risk of invasive GAS infection by 20-fold in comparison to the non-pregnant population. Prevention of maternal mortality and severe maternal morbidity is challenging.

Infection-mediated thrombosis links the inflammatory response induced in response to the pathogen with the coagulation system. It is crucial that doctors and nurses are vigilant to early signs and symptoms of sepsis. Treatment includes supportive care in an intensive care unit, early empirical antibiotic treatment, and further culture-sensitive antibiotic treatment. Thromboprophylaxis, mobilization and TEDS are highly recommended in septic patients to avoid septic provoked thrombophlebitis

MANAGING SEVERE PRIMARY AND SECONDARY POSTPARTUM HAEMORRHAGE: A CASE STUDY OF MULTIDISCIPLINARY INTERVENTION IN A PATIENT WITH DIABETES MELLITUS

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**Abstract**

PPH is a major cause of maternal morbidity and mortality worldwide. Common causes include uterine atony, retained placenta, trauma to the genital tract or uterus, and coagulopathy. However, PPH may occur among patients with no known risk factors. This can sometimes give rise to massive haemorrhage or even hysterectomy and maternal death. Severe haemorrhage can lead to coagulopathy causing further haemorrhage and requiring substitution with blood transfusions and other blood products. Multidisciplinary team care is crucial to control bleeding and stabilise circulation. The therapeutic strategies for PPH management are largely standardized; in particular, obstetric, surgical, and radiological interventions which play a life-saving role in PPH management.

In this case report, we present a lady who had a Primary PPH of 9 L followed by secondary PPH of 2.5 L. Background was Induction of at 36 weeks due to Large for gestational age and type 2 Diabetes mellitus. Patient had instrumental delivery followed by shoulder dystocia and third degree vaginal tear. Emergency was declared and Pharmacological management was commenced urgently prior to transfer to theatre. Multiple blood products were transfused including 12 RBC, 14 unit Plasma, 3 pools of platelets and 8 gm Fibrinogen. EUA and Bakri balloon was inserted in theatre. Patient was transferred to HDU and 2 days later after balloon deflation patient lost 2.6 L. A decision to transfer again for EUA in theatre was made and a second Bakri balloon was inserted. Multiple blood products were transferred. Patient had a total of 20 units RBCs transfused. CT angiogram was done later on and revealed left broad ligament haematoma not connected to cervix or vagina.

**Discussion**

Prevention of PPH could be achieved through identification of women at highest risk, allowing for measures to be taken for active management of third stage of labour, the presence of experienced clinicians and immediate access to resources such as oxytocin infusion and tranexamic acid.

## VERNIX CASEOSA PERITONITIS: A RARE DIAGNOSTIC CHALLENGE

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2 National Maternity Hospital, Holles St, Dublin 2

### Abstract

#### Background

Vernix Caseosa peritonitis (VCP) is a rare complication of Caesarean Section with 37 published cases worldwide. Leakage of vernix caseosa in the peritoneum can elicit a granulomatous foreign body reaction with symptoms mimicking an acute abdomen.

#### Case Presentation

**Introduction** Ms Q is a 31 year old P1 representing 4 days following Emergency LSCS for failure to progress with severe acute abdominal pain and fever.

**Clinical Findings** On admission, Ms Q reported sudden onset of severe abdominal pain. She had normal lochia, bowel and bladder function. On examination she was febrile and tachycardic, with an acutely tender and distended abdomen typical of peritonitis. There was no evidence of wound infection or haematoma.

**Diagnostic Assessment** Initial bloods showed neutrophilia and elevated WCC and CRP. CT AP showed moderate bilateral physiological hydronephrosis and generalised dilatation of the colon and small bowel. USS pelvis, chest XR and ECG were unremarkable. Blood cultures showed no growth.

Repeat CT showed complex bilateral adnexal collections.

Histopathology of deposits revealed fibrin admixed with abundant neutrophils and necrotic debris and occasional multinucleated giant cells.

**Treatment and Outcome** Following ICU, urology and surgical review, she was given IV antibiotics, analgesia including ketamine infusion and had a cystoscopy with stent placement. Diagnostic laparotomy and washout on day 6 of admission revealed diffuse inflammation and thick white plaques coating the peritoneum and bowel. Pain and fever gradually improved. Ms Q was discharged on day 14.

#### Discussion

Literature on VCP is limited to case reports which describe distinctive histopathological and gross intra-operative findings. Supportive therapy, peritoneal lavage, IV antibiotics and steroids have been used in the management of VCP. With rising CS rates worldwide, greater recognition of rare complications such as VCP is important. Inclusion of VCP as a differential in acute abdomen post LSCS may help to prevent unnecessary laparotomy and removal of normal organs.



# Reproductive Medicine

**DEBUNKING THE MYTHS: THE SCIENCE BEHIND OUR SEXUAL HEALTH - SEXUALLY TRANSMITTED INFECTIONS SUMMER CAMPAIGN**

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**Abstract**

**Background** A 2020 research series published by the ESRI found Irish teens who received comprehensive sexual health education were more likely to be sexually competent at first intercourse. However, approximately 25% of young men and 20% of young women primarily refer to unvetted internet and social media sources for sexual health information. Misinformation is very easily perpetuated online further contributing to high-risk sexual behaviours.

**Objective** Debunking The Myths is a sexual health programme consisting of a series of expert-led workshops to address topics including consent, menstruation, contraception, HPV, STIs and sexual assault to complement the RSE curriculum. This study set out to identify 'hot topics' of most interest to young Irish teens in 2023 and to address them in a social media campaign.

**Study Design** Since October 2022, over 6000 second level students have had the opportunity to ask questions anonymously in real-time to expert panel members including consultant obstetricians, NCHDs, midwives, GPs, health psychologists and infectious disease specialists. Questions were pooled from each event and added to a database. Themes were identified and an online digital media campaign was designed by researchers.

**Results** Of 933 questions submitted during workshops, 265 questions were in relation to STIs (28%, Table 1). Due to the significant rise in STIs reported by the HPSC in 2023 and the celebration of World Sexual Health Day on 4 September, a STI campaign was designed for a September launch. 35 of the most common questions asked by teens were posed to an expert consultant panel and answers were recorded in clear, factual bite-sized videos.

**Conclusion** A hugely successful sexual health campaign was designed and delivered focused on STIs. The campaign was launched with a focus on radio and digital platforms. Videos were viewed over 207,000 times on TikTok alone, illustrating the appetite that young adults have for robust and science-based sexual and reproductive health information from trusted sources on social media.

EGG FREEZING DIFFICULTIES IN AN 18 YEAR OLD WOMAN WITH BPES - TYPE 1, A RARE GENETIC CONDITION ASSOCIATED WITH PREMATURE OVARIAN FAILURE

Tayla Phillips, Andrew Downey, Fiona Martyn

National Maternity Hospital; Merrion Fertility Clinic

**Abstract**

Blepharophimosis-ptosis-epicanthus inversus Syndrome (BPES) is a rare genetic condition characterized by shortening of the horizontal orbital fissure, congenital ptosis and epicanthus inversus. It may be inherited as an autosomal dominant trait (type 1 and 2) or sporadically. Type 1 is also associated with infertility and premature ovarian failure. The underlying genetic mutation is linked to the mesenchymal development of the eyelid and the ovary, as well as the maintenance of the mature ovary. The genetic mutation affects the functioning of the granulosa cells, leading to oocyte atresia, and eventually follicular depletion.

We present an unusual case of an 18-year-old nulliparous woman who was referred to Merrion Fertility Clinic for fertility preservation on a background of BPES - Type 1.

Our patient's LH, FSH, TSH and androgens all fell within normal parameters. Her AMH was 22.7. Ultrasound showed she had an antral follicle count of 16. She had a BMI of 30 and was a non-smoker.

She had 3 different antagonist cycles with increasing doses of LH and FSH, however, only the third cycle produced one mature oocyte for freezing. She had no follicular response with the first cycle. With the second cycle, she had a degree of follicular response with 2 eggs retrieved but neither contained a mature oocyte. Her final cycle showed the best response, with 7 follicles greater than 14mm seen after 17 days of treatment. Of these, only 1 mature oocyte was retrieved despite appropriate oestrogen levels. Despite varying treatment regimens, efforts to preserve her fertility have yielded a suboptimal result.

There is very little in the literature on BPES and egg freezing stimulation regimes. Some small case series have reported varying response to stimulation in women with this rare condition even in the presence of normal to low AMH levels.

Careful counselling is needed prior to attempting egg freezing in women with BPES. Current literature would suggest that their response won't be predicted by AMH levels and that harvesting mature eggs for freezing will be a challenge.

## IRISH FERTILITY SERVICES IN THE PUBLIC SECTOR

Sarah Petch, Sorca O'Brien, David Crosby

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### Abstract

#### Background

Infertility as defined as a disease, ranking 6th of top 20 global disabilities in those under 60. Fertility challenges affect 1 in 6 Irish heterosexual couples, while many more individuals receive diagnoses or treatments that affect fertility. Given the time-sensitive nature of fertility, prolonged waits to access services result in critical time lost. Ireland has long been an outlier regarding provision of publicly funded fertility services in the EU. Six regional public fertility hubs have been established nationally over the past 2 years. Within hubs, access to specialist assessment, investigation, reproductive surgery, and ovulation induction services are provided. Here, we present data from the first 6 months of the Ireland East Group Hub.

#### Objective

To assess our public fertility hub cohort/outcomes.

#### Methods

Prospective review of patients referred and seen by the Fertility Hub in 2022. Demographics, diagnoses, and outcomes to date were collected.

#### Results

We received 163 referrals for couples in 6 months. n=89 were seen. 72% were seen within 3 months of referral. Of female attendees, 51% were aged < 34 years, 37% were aged 35-39 years, while 12% were ≥ 40. Sixty one percent had no child, 33% had one child. 75% had a BMI under 30kg/m<sup>2</sup>. The mean length trying to conceive was 26 months, average anti-müllerian hormone (AMH) level was 26.6 (range 0.2 – 87.1). Of women investigated, diagnoses included endometriosis (41%), PCOS (14.6%), and tubal factor (3%). For those with male factor 3% had azoospermia. Ten percent of couples were suitable for ovulation induction, 10% for intrauterine insemination, 61.5% were recommended to have in vitro fertilization (IVF) and 5.7% required donor gamete treatment. There was a 19% spontaneous pregnancy rate whilst attending the clinic.

#### Conclusions

Nearly two thirds of patients attending fertility hubs may require assisted reproductive technology (ART). Publicly funded ART will be available from September 2023, with strict access criteria. Health inequity persists for those requiring ART.

## KNOWLEDGE OF SEXUAL AND REPRODUCTIVE HEALTH AMONG YOUNG ADULTS

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Riga Stradins University

### Abstract

#### Background

Young adulthood is a challenging period where many changes in physical, psychological, and social development take place. Education of sexual and reproductive health (SRH) during this period is essential and investigating the gaps in knowledge and recognizing areas where improvement can be made is necessary for a sexually smart and healthy generation.

**Objectives** To investigate the sources of SRH information among young adults aged 16, 17, and 18 years and compare them in Latvia, Portugal, and Cape-Verde. To compare the knowledge of SRH topics in three countries with different social backgrounds.

**Methods** A quantitative study performed by means of a 3-part questionnaire: Identification; Sources of information; Knowledge of SRH. Two countries—Portugal and Cape-Verde are the target populations. Data were analyzed within the country itself and compared to the other country under study. Theoretical data from literature about Latvia was analyzed and used for further conclusions. (covid restrictions)

**Results** A total of 611 individual students, 246 (40.3%) Portuguese and 365 (59.7%) Cape-Verdeans, predominantly feminine (51.7%), aged 16 years (43.7%). Most students acquired information about puberty and the reproductive systems through 'professors' (60.7% and 75.6% respectively). Young adults are more comfortable and prefer to speak to friends about sex-related topics (36,8%) and personal issues (44.2%). Students report an acceptable level of knowledge: 76.6% know women can get pregnant on their very first sexual intercourse, and 83,1% know that STIs can occur from the first sexual intercourse. The most familiar contraceptive method is 'condoms' (96.6%) and 'HIV' (95.9%) is the most recognized STI.

**Conclusion** Young adults require SRH education for responsible sexual behaviors, turning to peers and professors for information. Training specialized SRH teachers globally is vital for improvement. Problems in SRH education exist in both developed and developing countries. This study marks a small step in understanding adolescents' SRH needs.

LIVING WITH THE INVISIBLE DISEASE: A PERSONAL ACCOUNT OF DEEP INFILTRATING ENDOMETRIOSIS

R. Silva L.; Taiwo A.; Abufatima M.; Bati S

**Abstract**

A 40-year-old nulliparous woman with cyclic pelvic pain, PR bleeding, and intermittent diarrhoea was diagnosed with deep infiltrating endometriosis after a 5-year history of worsening symptoms. Despite diagnostic efforts focused on IBS/IBD, in 2018 MRI findings suggested deep infiltrating endometriosis which led to a MDT (O&G and surgery) surgical intervention - laparoscopy + sigmoidoscopy - with diagnostic and treatment purposes. Nevertheless, due to the disease's impact on quality of life and the treatment (GnRH), she has given up on her reproductive chapter. Her care was escalated to a tertiary unit due to the current recurrence, and further surveillance has been reinstituted.

## MEDICAL TERMINATION OF PREGNANCY: AN EMERGING RISK FOR MATERNAL MORTALITY?

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### Abstract

#### Background

This case report provides insights into a serious and life-threatening event i.e., maternal collapse due to ruptured EP after a termination of pregnancy. It could have been prevented by a transvaginal scan to confirm the location of the pregnancy. EP is a treatable cause of maternal morbidity and mortality. Asymptomatic pregnant patients requiring termination of pregnancy are prescribed abortifacients without confirming the location of pregnancy routinely. Such a practice may result in masking symptoms and signs of EP and not only delay the diagnosis but might also result in mortality due to misdiagnosis and overlap in symptoms of EP and abortion.

#### Case Details

A woman in her 20s was brought in by ambulance with symptoms of hypovolemic shock, associated with severe abdominal pain and nausea for half an hour before the presentation. She gave a history of MTOP 2 weeks ago with her General Physician (GP). She was hemodynamically unstable with hypotension (60/30 mmHg) and tachycardia (pulse 110). She was extremely pale with cold and clammy peripheries. The abdominal examination revealed a soft abdomen, with mild tenderness on the right iliac fossa. The vaginal examination also showed slight tenderness in the right fornix. A urine pregnancy test was positive. Ultrasound showed free fluid inside the abdomen and pelvis with empty uterus. Beta human Chorionic Gonadotrophin was 5431 units. Her hemoglobin was 7gm/dl. She was resuscitated with IV fluids and uncross matched blood. Laparoscopic right salpingectomy was performed for right tubal ectopic and 2.5 L of blood was removed from the abdominal cavity .

#### Discussion

Termination of pregnancy is a common medical practice. Health care providers ideally should be able to diagnose and exclude women with EP before providing treatment. Although known or suspected EP is a contraindication to medical abortion, the current medical practice is to prescribe abortifacients to asymptomatic women on demand without prior imaging. Thus the risk of EP in this subgroup of women cannot be out ruled.

## PERMANENT CONTRACEPTION IN NULLIPAROUS WOMEN; A REVIEW OF ETHICS LITERATURE

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### Abstract

**Introduction** Young and nullip patients are referred to gynaecology clinics to discuss contraception options. A small proportion of these patients seek permanent contraception.

This presents an ethical and professional challenge to clinicians.

Psychosocial issues should not be overlooked or given less consideration than medical issues and should constitute part of comprehensive counselling.

**Objectives** To ensure uniform guidance for patients visiting clinics within our unit, we conducted a literature review on permanent sterilisation in this specific group. This review included international guidelines where applicable.

The outcome of this review informed the creation of a hospital guideline.

**Results** The clinician must be satisfied that a patient can understand the clinical situation, evaluate options and make an informed decision. This entails sensitive provision of comprehensive information in a non-directive and non-judgemental manner.

Inadequate counselling may cause regret, or psychosexual sequelae.

The clinician should be able to advise on all alternatives to permanent contraception.

Information, in whatever format, should be objective, evidence-guided, readily available and accessible to assist individuals.

The risk factors for future regret have been described and should be screened for during the clinical consultation.

It is ethically permissible to perform a requested sterilisation in nulliparous women and young women who do not wish to have children. Eliminating the risk of regret by limiting patient autonomy generally is considered by bioethicists to be worse than allowing a patient to make a possibly erroneous choice

**Discussion** Although physicians understandably wish to avoid precipitating sterilisation regret in women, they should avoid paternalism as well.

The autonomy of a woman who seeks sterilisation must always be respected, and such surgeries can be justified in cases where the woman has given informed consent and risks of surgery do not outweigh the benefits

## SPONTANEOUS BILATERAL TUBAL ECTOPIC PREGNANCY IN THE ABSENCE OF RISK FACTORS: A CASE REPORT

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### Abstract

#### Background

Ectopic pregnancies are responsible for the most maternal deaths during the first trimester worldwide. 0.25-2% of pregnancies implant outside the uterus, the vast majority of which implant in the Fallopian tubes. Bilateral tubular ectopic pregnancy occurs in only 1 in 200,000 pregnancies. Even rarer again are those that are spontaneous, occurring without ovulatory stimulation from assisted reproductive technology or without previous interference of the tubes by infection or surgical adhesions.

#### Case Presentation

We present a 33 year old female without typical risk factors who suffered a massive haemorrhage and tubal rupture at Portiuncula University Hospital due to a spontaneous bilateral tubal ectopic pregnancy six months after a Caesarean section. She was haemodynamically unstable on arrival and free fluid was found on a bedside ultrasound. Her pregnancy test was positive. She underwent an emergency laparotomy, which revealed one ruptured Fallopian tube and a contralateral ectopic pregnancy.

#### Conclusion

With the rise in assisted reproductive technology and other risk factors, ectopic pregnancies and therefore bilateral ectopic pregnancies are becoming less of a rarity with time. The associated morbidity, mortality, difficulty in assured diagnosis promptly and rarity of occurrence make it a very ominous threat to women of childbearing age. Obstetricians and gynaecologists should be aware of the possibility of the coexistence of a simultaneous contralateral ectopic pregnancy in every such patient. Without highly skilled transvaginal ultrasonographers and diligent Gynaecological surgeons, the contralateral ectopic pregnancy can be missed. In this case report, the second Fallopian tube had already ruptured and prompted an emergency laparoscopy. Bilateral salpingectomy was deemed necessary to control the massive haemorrhage. Individualised management at the surgeon's discretion is often key to preventing fatality, but more research into this unique phenomenon is both warranted and crucial for the future of Obstetrics and Gynaecology.



# Urogynaecology

## A RARE PRESENTATION OF IMPERFORATE HYMEN: ACUTE URINARY RETENTION DUE TO HAEMATOCOLPOS

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### Abstract

#### Background

Imperforated hymen, a rare anomaly of the genital tract, results in the obstruction of menstrual flow, leading to the accumulation of blood in the vagina (hematocolpos) or uterus (hematometra), causing cyclic abdominal pain. It is imperative to identify this rare form because a delayed diagnosis may result in consequences like endometriosis, hydronephrosis, and infertility in later life.

#### Case Report

Following a recent admission for persistent constipation, a 19-year-old female patient with a history of chromosome 13q deletion and profound intellectual disability arrived to ED with acute urine retention, a high-grade fever, worsening abdominal pain and distension. Physical examination revealed Tanner stage 3, a distended abdomen with umbilical protrusion, and prolapse of anterior vaginal wall. Ultrasound and CT scan revealed two contiguous large abdominal masses: a sizable hematometrocolpos (278x37x91mm) and a distended bladder extending up to the epigastric region. The mass effect resulted in urethral blockage, bilateral hydroureter and hydronephrosis, and urachal recanalization, posing a risk of obstructive uropathy and bladder perforation. Surgical drainage and urinary catheterization under general anesthesia successfully drained 1.7L of thick hematometrocolpos and 1.8L of urine, respectively. The patient was discharged on day 3 postoperatively and prescribed COC pills.

#### Results

Despite a delayed diagnosis, surgical intervention effectively alleviated symptoms, and the patient is currently in good health. Conclusion: While rare, medical condition of imperforated hymen can often be overlooked. In this case, a delayed diagnosis resulted from the initial assumption that constipation was the source of abdominal distension during a prior hospitalization. This emphasizes the responsibility of clinicians, especially non-gynecologists, in order to rule out imperforated hymen as a potential contributing factor to acute haematocolpos urine retention. It also emphasizes the need for suspicion, a complete menstrual history, and physical examination in adolescent girls.

## AN AUDIT TO INVESTIGATE THE ADHERENCE OF UROGYNÆCOLOGY OUTPATIENT REFERRALS TO THE ROTUNDA REFERRAL PATHWAY

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### Abstract

#### Background

Urogynecology OPD receives a high volume of new referrals, leading to long waiting times for appointments. It is unclear if these new referrals are meeting the defined referral criteria for this clinic. Additionally, some referrals may be lacking pertinent details which could facilitate appropriate triage and earlier initiation of management plans for patients, and thereby contribute to shorter waiting lists for new referrals in future. Minimum criteria for Urogynaecology outpatient referrals include – Pelvic examination, urine analysis or MSU, trial of treatment with anticholinergics where appropriate<sup>1,2</sup>.

#### Objectives

This audit will examine the total number of Urogynaecology outpatient referrals within a time frame of 6 months and determine whether these referrals adhered to set Rotunda and national urogynaecology referral pathway guidelines .

#### STUDY DESIGN AND METHODS

This is a retrospective audit examining all Urogynecology outpatient referrals from Jan 2021 to June 2021.

#### Results

A total of 58(n=58) patients were referred to the Urogynecology outpatients during Jan-Jun 2021. Mean age of referral was 53.9 years (Ranging from 27 to 83 years old). 10(17.2%) patients were referred with urge incontinence and 18(31%) with stress incontinence. 15(25.8%) had mixed urinary incontinence and 5(8.6%) with painful bladder syndrome , 6(10.3%) with prolapse, 1(1.7%) patient was referred with recurrent urinary tract infection, 1 (1.7%) with stress urinary incontinence and nocturia, 1(1.7%) with mixed urinary incontinence and prolapse and 1(1.7%) with VIN. Only 11(18.9%) patients met the criteria of appropriate Urogynecology referral. 47(81%) of patients did not meet the criteria for referral.

#### Conclusions

Compliance to the referral guidelines was poor as only 18.9% of patients met the criteria for Urogynecology referral. 81% did not meet the criteria.

#### Recommendations

Communication with Primary health care providers regarding investigation and first-line treatment. Revise Rotunda referral form to include minimal prerequisites for Urogynecology referrals.

## AUDIT OF PATIENTS' SATISFACTION OF BULKMID FOR TREATMENT OF STRESS URINARY INCONTINENCE AT WEXFORD GENERAL HOSPITAL

Ream Langhe, Areej Al Labadi, Tasneem Ramhendar

Wexford General Hospital

### Abstract

**Background** Bulkamid injection is a safe treatment option for women with stress urinary incontinence or stress-predominant mixed urinary incontinence, who would prefer a less invasive procedure with low side effects profile.

**Aim** The aim of this study was to evaluate the satisfaction among women who had Bulkamid injection therapy for stress urinary incontinence or stress-predominant mixed urinary incontinence.

**Methods** A retrospective audit was conducted over a period of 17 months was carried out in WHG. BSUG audit Database was used as a standard. All women who underwent Bulkamid injection were included. Overall patient satisfaction, improvement of SUI symptoms and complications were assessed 3 months post-op.

A total of 27 women were recruited for the study. The median age was 45 years, and the median BMI was 28. Only 2 women had Bulkamid as secondary procedure for treatment of incontinence. 13 women with primary SUI confirmed on urodynamics requested Bulkamid over a period of 18 months.

**Results** During the postop follow-up, 7 women out of 13 women felt their SUI was cured (54%), 2 felt their SUI had improved (15.3%) and 4 (30.6%) felt there was no change in SUI.

Overall, 69.2% of women were satisfied and felt overall improvement of their condition with the procedure. No intraoperative complications occurred.

**Conclusion** Bulkamid is a safe and effective treatment for the treatment of SUI in women who wish to avoid major surgery and our cure rate and patient satisfaction are lower than previous studies.

## AUDIT OF SURGICAL MANAGEMENT OF PELVIC ORGAN PROLAPSE AND ITS OUTCOME

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1 Peterborough City Hospital (PCH) / 2 Hinchingsbrooke Hospital (HH) Northwest Anglia NHS Foundation Trust, U.K

### Abstract

**Introduction** POP is one of the most common causes for gynaecologic surgery with approximately 11%–19% chance of undergoing at least one surgical procedure for POP or incontinence by the age of 85, in addition to a 30% re operation rate.

**Objectives** This is the baseline audit to assess our gynaecology department's compliance with NICE and BSUG guidelines for managing pelvic organ prolapse.

**Materials And Methods** This is a Trust-wide audit. The data from 56 patients was collected retrospectively from January 2022 to August 2022 by reviewing hospital records and the BSUG database.

**Results** Out of 56 patients, 14 had a BMI between 30-35, 10 patients had weight loss advice, 3 of them had previous mesh surgery, 13 had previous prolapse surgery, 39 completed the QOL questionnaire, 44 were offered Pelvic floor exercises, all management options were discussed in 56, 55 were provided with leaflets, 51 had MDT, 43 had 1-day hospital stay, one patient had persistent postoperative pain after SSF, 44 patients had postoperative complications including one return to theatre in less than 72 hours with postoperative bleed and one removal of Sacrospinous stitch after SSF due to excruciating right buttock pain. 55 had followed in 6 months, 49 had BSUG database entry, and 3 patients had urinary catheters for more than 10 days.

**Conclusions** Women received care mainly in line with NICE guidelines. However, we identified some areas of improvement, including using a validated pelvic floor questionnaire, weight loss advice for women with BMI>30 and referral to physiotherapy. Improvement in documentation of MDT involvement and comprehensive BSUG database entry for all surgeries, including complications. To emphasise the provision of day-case pelvic floor repair and enhance recovery using a national day surgery delivery pack(GIRFT).

**References** NICE guideline Urinary incontinence and pelvic organ prolapse in women, NG123

**Action Plan** The audit presented in the clinical governance meeting discussed areas of improvement and the plan for re-audit in 6 months.

### BULKAMID INJECTIONS, WOULD YOU RECOMMEND TO A FRIEND?

Roisin McConnell, Declan Keane

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#### **Abstract**

Up to 40% of women report Stress Urinary Incontinence (SUI)(1), posing a significant economic burden for individuals and government(2). Women with SUI often score lower on Quality of Life (QoL) questionnaires(3). Bulkamid is currently the first line surgical treatment for SUI in UK and Ireland(1). Friends' experiences and recommendations can shape patient choices, with negative reviews being more powerful than positive ones(4).

Aim to examine if patients would recommend Bulkamid injections to a friend. Secondary aims included determining any predictive factors, such as age or level of SUI, which would affect their recommendation.

Prospective cohort study of women who received Bulkamid injections in the National Maternity Hospital from 2018 to 2022 as a primary SUI treatment. A simple scale was posted to women asking them "how likely are you to recommend Bulkamid to a friend" with 1 being very unlikely and 10 being very likely. An information leaflet and consent form were also included. Data such as age, time to questionnaire and efficacy at 6 week check was collected.

Out of 31 patients who received Bulkamid injections, 10 women completed the questionnaire, yielding a response rate of 32%. The mean age was 52 years, with women on average being 22 months post treatment (range 6-41 mths). Of these, 40% would be unlikely to refer to a friend, with these women reporting less efficacy at the 6 week visit (<10% improvement). These women also wrote comments on the questionnaire such as "worth a shot", "wore off quickly" and "not a long term solution". Conversely, the 30% who would definitely recommend it to their friend, typically reported higher efficacy levels at the 6 weeks visit (>70% improvement).

This, to our knowledge, is the first study assessing if women would recommend Bulkamid. It has demonstrated varied patient opinion's, some wholeheartedly recommending it and others not at all. Among the latter cohort, their comments demonstrate it was not a long-term solution for them. Our study is limited by sample size and larger studies are needed

## HELP, I CAN'T PEE! AUDITING THE INCIDENCE OF URINARY RETENTION FOLLOWING INTRAVESICAL BOTULINUM TOXIN INJECTION

M Barrett, O O'Sullivan

Cork University Maternity Hospital

### Abstract

#### Background

Urinary incontinence has a significant detrimental impact on women's lives. A study that included >61,000 participants showed 12.8% - 43.1% of women interviewed reported symptoms of overactive bladder (OAB). Due to the distressing and often embarrassing nature of these symptoms, many women avoid social activities and gainful employment which has significant implications for society as a whole. Intravesical injection of botulinum toxin A (botox) can be more effective in curing urge urinary incontinence (UUI) compared with antimuscarinic drugs, as per the European Association of Urology Guidelines. However, a known risk of this procedure is urinary retention post procedure requiring self intermittent catheterisation.

#### Objective

Our audit looks to quantify the incidence of urinary retention post intravesical botox injection at a tertiary referral centre in Ireland.

#### Study Design And Methods

This was a retrospective cohort study looking at all women who attended our service and underwent intravesical botox injection for management of UUI between 11 July 2021 to 7 July 2023. The list of patients to be included was compiled from a review of printed theatre lists which were then checked for accuracy against the electronic patient chart and theatre books that record each procedure. The list of patients and their outcomes were then compiled in an Excel spread sheet to allow for analysis.

#### Results

Over the study period 74 patients underwent intravesical botox injection. Average age was 55 years. Average BMI of our cohort was 32.19kg/m<sup>2</sup>. 33 patients had their first botox treatment while 41 were second or subsequent treatments. 36 patients were not on oral medications for UUI while the remainder were on either single or combination therapy. 7 patients in total required catheterisation post procedure for urinary retention. Of these 7 women, 3 required catheterisation for a period of less than 24 hours, which may be attributable to general anaesthetic.

#### Conclusion

4% of women required catheterisation post procedure, in keeping with findings internationally.

## LONG-TERM PATIENT REPORTED OUTCOMES OF BULKAMID TREATMENT FOR STRESS INCONTINENCE

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### Abstract

Up to 40% of women in the UK report urinary stress incontinence (SUI)(1). Bulking agents have been used to treat SUI since 1983, with their use increasing since the pause on mesh slings(2). Bulkamid® is the most commonly used agent, consisting of a polyacrylamide hydrogel forming a fibrous network, bulking the urethral sphincter(2). Success rates of 66% at 12 months(2) and up 67% improvement at 7 years(3) have been reported.

Aim to examine the long-term patient reported outcomes for Bulkamid injections as a primary intervention for SUI.

Prospective cohort study of women who received Bulkamid Injections in the National Maternity Hospital since 2018 as primary SUI treatment. The following questionnaires were posted out to women along with information leaflets, consent form and return envelope; International Consultation on Incontinence Questionnaire Lower Urinary Tract Symptoms Quality of Life and International Consultation on Incontinence Questionnaire Female Lower Urinary Tract

Of 31 patients, 15 completed the questionnaires yielding a response rate of 48%. The mean age of participants was 52.6 years (range 40-82 yrs). The average time from last Bulkamid injection to completing the questionnaires was 19 months (range 6-41 months). A second injection was performed in 6 women (40%). Nearly half of women (46.7%) reported improvement of >80% at the 6 week review. Yet, over half of women (53%) still reported leaking "most of the time" with laughing/coughing/exercise when completing the questionnaire. Up to 55% of women reported that SUI impacted their physical activity most of the time and reports that it bothers them significantly. Of the women who responded, 20% of them are currently awaiting another SUI surgery.

Bulkamid is a safe initial treatment for SUI(3), with good results in our patient population at the 6 week review. Yet in our cohort, the long term efficacy of Bulkamid appears to decrease with time, up to half of women still report SUI affecting their ability to exercise. Our study is limited by small size however further research is needed.



# Benign Gynaecology

## A TWIST IN THE STORY: ISOLATED FALLOPIAN TUBE TORSION, AN UNUSUAL CAUSE OF ABDOMINAL PAIN IN THE PAEDIATRIC POPULATION

H Keating, T Hayes

St Luke's General Hospital, Co. Kilkenny

### Abstract

#### Background

Isolated fallopian tube torsion (IFTT) is a rare cause of abdominal pain. It has an incidence of 1 in 1.5 million women and is uncommonly seen in the paediatric population. IFTT offers a diagnostic challenge, presenting with non specific signs and symptoms, and is difficult to diagnose with radiological investigations alone. Prompt laparoscopy is required for diagnosis and to preserve fertility.

#### Case Presentation

A 14 year old girl presented with a 2 day history of worsening, acute abdominal pain, localised to the left lower quadrant and associated with nausea. On examination she was afebrile and vitally stable. Tenderness was elicited on deep palpation of the left iliac fossa. Laboratory investigations were significant for a mild leukocytosis and lactate on the upper limit of normal. Transabdominal ultrasound revealed a 4x3x2cm hypoechoic left adnexal mass. A high index of suspicion was maintained for ovarian torsion or cyst accident.

When the patient's pain failed to settle with analgesia, the decision was made to bring her to theatre. At laparoscopy, the left fallopian tube was found to be dilated, intensely tortd and dark purple in appearance, with an associated 4cm paratubal cyst. Detorsion was not attempted given the necrotic appearance of the fallopian tube, therefore a left salpingectomy was performed. The patient was well post-operatively and discharged home day 2.

#### Discussion

IFTT is a rare pathology that should be included in the differential diagnosis of women and girls presenting with abdominal pain. A high index of suspicion is required given its non-specific signs and symptoms. Ultrasound findings of a hydrosalpinx or para-ovarian cysts with a normal ipsilateral ovary should prompt clinicians to consider a diagnosis of IFTT. The gold standard management is laparoscopy. Detorsion or salpingectomy may be performed.

There are no large prospective studies where the reproductive outcomes of women following de-torsion of IFTT are examined. Further research in this area will undoubtedly support clinical decision making.

## AN AMBULATORY GYNAECOLOGY ONE-STOP-SHOP FOR PATIENTS PRESENTING WITH POST-COITAL OR INTERMENSTRUAL BLEEDING

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1 The Coombe Hospital, Dublin, Ireland.

2 University College Dublin, Ireland.

### Abstract

#### Objective

Postcoital bleeding (PCB) and intermenstrual bleeding (IMB) has a broad prevalence of 1-9% of menstruating individuals. The pathway for management of PCB, IMB and diagnoses of a 'suspicious cervix' is not as streamlined as management of PMB, or the national colposcopy service. Our holistic ambulatory gynaecology service includes a history, clinical examination, swabs, transvaginal ultrasound scan, colposcopy and hysteroscopy as required.

#### Aim

Our aim was to assess the impact of the ambulatory gynaecology service for presenting complaints that do not fall into the routine referral pathways.

#### Study Design and Methods

A prospective recording of 100 cases attending the all-inclusive ambulatory gynaecology service was completed. Data captured included time from referral to clinic appointment, presenting complaint, age, parity, smear history, and investigations and treatment completed.

#### Results

Of 100 patients reviewed, the average time was 16 weeks from referral to review, with 8 patients not attending at least 1 clinic appointment. The average age of patients was 36, and 32% were nulliparous. 24% of women presented with an ectropion. 49% of patients had a transvaginal ultrasound scan, 46% had a smear completed (44% with cytology), 33% had swabs taken, 44% had colposcopy completed, and 35% had outpatient hysteroscopy completed. 24% of women had low grade cervical changes, and 4% had high grade. Cervical biopsies identified two cases of CIN 3, two cases of CIN 2 and 14 cases of CIN 1, and follow up was as per national colposcopy guidelines.

#### Conclusion

A one-stop-stop ambulatory gynaecology clinic is an effective means of working up patients who present with PCB, IMB or a suspicious cervix. The service successfully discharged 68% of women, after normal investigations, or treatment of incidental infections. It retained 24.7% of patients for follow up. Ambulatory gynaecology services like this play an important role in managing community referrals that do not meet criteria for colposcopy review, but warrant investigation and management.

### AUDITING PATIENT REFERRED FOR ASSESSMENT OF POSTMENOPAUSAL BLEEDING

Ahmed Ibrahim Eissa, Mohammedelfateh Adam, Minna Geisler, Noelle Gill

Cork University Maternity Hospital (CUMH)

South Infirmary Victoria University Hospital (SIVUH)

#### Abstract

##### Background

Postmenopausal bleeding (PMB) signifies vaginal bleeding after 12 months of menopause. It could signal benign hormonal changes or serious conditions like hyperplasia or malignancy. An essential audit of clinical methods, diagnostics, and treatment is crucial to ensure timely and appropriate care, considering PMB's significance as an early health indicator.

##### Objective:

To audit patients referred for postmenopausal bleeding assessment.

##### Study Design and Method

In November 2022, an audit at Cork University Maternity Hospital assessed transferred patients for postmenopausal bleeding. Retrospective review of records analyzed postmenopausal clinic outcomes: discharge, ambulatory referral, or hysteroscopy under general anesthesia. Ambulatory referrals' examination highlighted scenarios: diagnosis with discharge, immediate treatment (see and treat), sequential treatment, or procedures under general anesthesia.

##### Results

A total of 65 referrals were received from CUMH and SIVUH. Among them, 27 patients were discharged after ultrasound history and clinical evaluation, including peri-menopause, prior hysterectomy, and uncertain outcomes. Additionally, 32 patients were referred for outpatient hysteroscopy following ultrasound and historical assessment. Four patients were recommended for general anaesthesia due to unsuitability for outpatient hysteroscopy or preference. Two patients were marked as "did not attend". In the context of eight weekly ambulatory gynaecology slots for postmenopausal bleeding patients, 32 referrals were made. This included 21 diagnostic hysteroscopies with subsequent discharge, one ambulatory polypectomy, and five general anaesthesia referrals for hysteroscopy and treatment. Lastly, three patients received a "see and treat" approach, and two patients did not attend.

##### Conclusion

Efficiency in Postmenopausal clinic evaluation is evident, yet additional audit measures are advised to ensure alignment with the latest RCPI guideline for Postmenopausal Bleeding assessment, ensuring sustained optimal care standards.

## BEACH READY: A SIZEABLE LABIAL SWELLING NEEDING SURGICAL INTERVENTION

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1 Rotunda Hospital, Dublin, Ireland

2 Royal College of Surgeons Ireland, Dublin.

### Abstract

#### Objective

Vulval pathologies are common, with a wide diversity and variety of pathologies and clinical care of these can range from gynaecologists and GPs to dermatologists, paediatricians, medics and surgeons. Abnormality or pathology of the external genitalia can cause significant distress to patients and often have delayed presentation due to shame or embarrassment. Vulval and labial conditions can often have significant psychosocial burden on patients, impacting quality of life, relationships, exercising, and sexual intimacy.

#### Aim

We present a case report of a large labial swelling, and highlight the clinical importance of sensitive and holistic care for women with vulval pathologies.

#### Study Design and Methods

A retrospective review of the patient's electronic medical record was completed. Images were taken with patient consent, and full written consent was received for educational, research and publication purposes.

#### Results

A 39-year-old primiparous woman presented to the emergency department with a recurrent long-standing left vulval swelling. It was large, tender and tense on palpation, with a large oval stalk originating from the left labia. She had previously presented multiple times to her GP, and had had two attempted excisions (2010,2013), and a partial excision in 2020. Since then it had slowly increased in size, and was now extremely uncomfortably, preventing the patient from wearing certain clothing, and minimising the type and duration of exercise. She was promptly added to a consultant gynaecologist operating list and one week later the vulval cyst was excised. Excision revealed a large benign epidermal inclusion cyst measuring 10cm x 6cm x 5cm. Post-operative course was uncomplicated with excellent healing and patient satisfaction at 6 week interval review.

#### Conclusion

This case represents a rare presentation of an benign vulval pathology that can be easily rectified with surgical intervention. The impact of treatment is significant and not to be underestimated for the patients' quality of life, mental, physical and sexual health.

CASE REPORT: FERTILITY PRESERVATION FOR A MULTI-FIBROID UTERUS- A MULTI-MODAL SURGICAL INTERVENTION

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

2 Department of Gynaecology, Connolly Hospital, Dublin, Ireland

3 Department of Radiology, Interventional Radiology, Rotunda Hospital, Dublin, Ireland

4 Department of Radiology, Interventional Radiology, Connolly Hospital, Dublin, Ireland

**Abstract**

Women who wish to preserve fertility, but suffer with symptomatic fibroids, face limited choices for treatment. Fibroids can be the cause of infertility in up to 10% of cases, and usually are the case when they are larger in size. Uterine Fibroid Embolization (UFE) and Myomectomy are the two recognized treatment options outlined to these women.

We present a case of a multi-fibroid uterus that presented with heavy menstrual bleeding and significant compression symptoms (hydronephrosis and Inferior Vena Cava (IVC) compression).

After being recommended that she have a hysterectomy, this nulliparous 37-year-old woman was referred to our Gynaecology Department for a second opinion to explore fertility preservation.

Her imaging showed a multi-fibroid uterus, with the largest two fibroids measuring 14 cm (posterior uterine wall) and 9 cm (fundal). Additionally, there was hydronephrosis and IVC compression. These were managed with right ureteric stenting and administration of Low Molecular Weight Heparin (LMWH) (risk reduction of thromboembolic events) respectively.

A Multi-Disciplinary Team (MDT) that included our Interventional Radiologist deliberated her case and planned for a UFE followed on the same day by an open myomectomy via a midline laparotomy. She underwent this combined procedure, which was felt to reduce her risk of haemorrhage, after counselling on the risks, including- hysterectomy, failed procedure and infertility.

Her blood loss was 1.5L intra-operatively, requiring a 1-unit RCC transfusion post-operatively. She is now 10 weeks post-operative, with no other complications noted, and a histology confirming benign leiomyoma. She is now awaiting removal of her ureteric stenting, has been advised to delay attempts at conception for 12 months and remains happy.

There is a paucity of evidence, which recommends the option of a multi-modal approach as highlighted in this case. This may warrant further research into such approaches for a select cohort of women, who are wishing to improve their quality of life without compromising fertility.

CERVICAL ENDOMETRIOSIS MASQUERADING AS SUSPICIOUS CERVIX: A CLINICAL PRESENTATION WITH ERRATIC VAGINAL BLEEDING

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Our Lady of Lourdes Hospital, Drogheda

**Abstract**

Cervix uteri is an uncommon site of endometriosis and is frequently diagnosed incidentally during vaginal examination or as a retrospective finding on histopathology reports, with an incidence of 0.11% to 2.4%. However, procedures traumatizing the cervix such as loop excisions and laser treatments can increase the likelihood of cervical endometriosis. Therefore, an increase in its prevalence can be expected as these procedures become more common.

This report aims to refocus our attention to consider cervical endometriosis in differential diagnosis while evaluating patients with abnormal vaginal bleeding and abnormal cervical smears.

A 34-year-old woman, presented with heavy menstrual and post-coital bleeding. She was referred to the colposcopy unit for evaluation of suspicious cervix. A punch biopsy confirmed CIN1. A Large Loop Excision of the Transformation Zone was performed. Subsequently, she had annual screening with negative cytology and persistent HPV. Four years later during a colposcopy review, a 10x2 mm lesion was seen on posterior aspect of the cervix. A punch biopsy of the lesion showed presence of endometrial glands with stroma consistent with endometriosis while a biopsy of the transformation zone revealed CIN1.

Although most patients with cervical endometriosis are asymptomatic, some can present with erratic vaginal bleeding. A substantial number of patients reported in literature only had abnormal smear results and were diagnosed during colposcopy or pathologic examination of cervical biopsy. Cervical smears can be misleading in cases of cervical endometriosis particularly in patients with previously treated preinvasive cervical abnormalities. This is because endometriosis undergoes different cytomorphologic changes under influence of hormone fluctuations during menstrual cycle. By reporting this case we believe to raise clinical awareness about this clinical entity which can present with erratic vaginal bleeding and help to minimise misinterpretation of cervical smears in presence of cervical endometriosis.

## COLD COAGULATION FOR TREATMENT OF CIN 2-3 WITH CRYPT INVOLVEMENT IN YOUNG WOMEN

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### Abstract

#### Aim

The aim of this audit was to establish whether cold coagulation could successfully treat high-grade CIN of the cervix with crypt involvement on biopsy in women of reproductive years. The 6-month cervical screen post-treatment being HPV negative was regarded as test of cure.

#### Methods

A retrospective review of women under 40 years of age with biopsy proven CIN 2/3 with crypt involvement treated by cold coagulation between 2020-2021 in our colposcopy unit. All women were treated by BSCCP-accredited colposcopists. The cervix was infiltrated with 2-3 vials of lignospan as a local anaesthetic prior to application of the thermal probe at 1000C using 1-3 applications depending on the size of the transformation zone. Test of cure was regarded as a normal cervical colposcopy review at 6 months, with a HPV negative smear test.

#### Results

13 women under 40 years of age met the inclusion criteria of CIN 2/3 with crypt involvement on cervical biopsy and treated by cold coagulation to the cervix. The mean age was 32years old (Range 28-37y). 11 women (85%) had normal colposcopy and HPV negative smear at 6 months (HPV1). One woman was HPV positive at 6 months, but HPV negative at 18 months (HPV2). One woman was HPV positive and HSIL smear at 6 months and underwent a LLETZ showing CIN1 with positive margins. Her smear at 6 months post-LLETZ was HPV negative (HPV1 post-LLETZ).

#### Discussion

The development of cervical incompetence post LLETZ leading to mid-trimester miscarriage or pre-term labour is a major concern in treating women of reproductive years for cervical CIN. Studies have shown that deeper excision (>10mm) increases the risk of pre-term delivery in subsequent pregnancies. More recent data also suggests an increased risk of first-trimester miscarriage after LLETZ.

During cold coagulation, on average 4-7mm depth of cervical tissue is ablated<sup>11</sup>, providing cure rates of over 95% for CIN of all grades.

#### Conclusion

We would advocate for the use of cold coagulation in preference to LLETZ for treating all grades of CIN in young women of reproductive age.

### COMPLEX FIBROIDS AS AN INCIDENTAL FINDING

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1 University College Dublin School of Medicine

2 Wexford General Hospital

#### Abstract

##### Background

We describe the case of a 64-year-old para 0 female who was referred from general surgery with an incidental finding of a fibroid uterus. CT scan showed multiple large number of extensive calcified fibroids largest of which measures 8.7cm x 8cm. She had no history of bleeding or any symptoms. Her past medical history includes hypothyroidism and hypertension. Her medications include Coversyl and Eltroxin. She has no known drug allergies. She has nil past surgical history.

She was referred to gynaecology and it was recommended she go to surgery for a hysterectomy and bilateral salpingo-oophorectomy, due to the findings of large fibroids in a postmenopausal patient. She was commenced on Decapeptyl prior to surgery.

##### Interesting findings

On examination under anaesthesia the patient appeared to have a cervical mass on palpation. When the pelvic cavity was opened there was a large multi-fibroid mass

##### Management of same

The patient underwent total abdominal hysterectomy and bilateral salpingo-oophorectomy. The specimen was sent for histology, which is awaited at this time

##### Discussion

This interesting case highlights the importance of pre-operative imaging and careful intra-operative management of a complex case of fibroids in a postmenopausal patient.

C-SECTION DEHISCENCE & IUCD REVERSAL WITH ARMS STUCK IN C-SECTION SCAR

Fatema Abusin

**Abstract**

30 years old presented to gene emergency with suprapubic pain sharp in nature sudden onset no radiation associated with vaginal bleeding with passage of large cloths

LMP 18 month ago

HX of dyspruneia

no HX of IMB or PCB

para 2 previous 2 c.section, had Mirena coil for contraception 8 month prior to her complain

medically migraine

allergy to penicillin

O/E

stable observation

Abdomen soft lax moderate tenderness in the suprapubic area

speculum examination norma vulva and vagina , normal cervix, moderate bleeding , coil thread not seen

plan

pelvic scan

blood work

son showed anteverted uterus, at the site of c-section scar there is an area of mixed echogenicity measuring 23x8x10 mm suggestive of fluid ? c-section dehiscence, also with the c-section scar are 2 linear echoes which are suggestive of the arm of IUCD, the main body of the IUCD is visualised in the upper portion of the endometrial cavity .

appearance are suggestive of an incorrectly sited IUCD which has been reversed its direction .

patient informed about the scan finding , coil was removed using coil retrieval.

patient went home , stable

no further follow up

ENDOMETRIAL BIOPSIES: ADEQUACY AND INDICATIONS IN MAYO UNIVERSITY HOSPITAL (MUH) OVER A SIX MONTH PERIOD FROM OCTOBER 2022 TO MARCH 2023

Abdalla R, Trulea A, Elawani A

Mayo University Hospital

Abstract

Background

Endometrial biopsy is one of the tools used to assess women with potential endometrial pathology. The incidence of insufficient tissue for histopathological diagnosis among these women is reported to be 6 to 33% of cases. Endometrial biopsies classified as inadequate or insufficient by the histopathologists can cause difficulties for gynaecologists in planning further management. Moreover, it may cause anxiety for patients having inconclusive results and hence the potential need for repeat investigations.

Objective

This project is designed as part of the ongoing quality improvement programme to the “one-stop” “see and treat service provided to women in our Ambulatory Gynaecology Unit (AGU). The aim is to establish the incidence of inadequate endometrial biopsies in our unit and to identify potential factors associated with insufficient endometrial tissue for histological examination.

Study Design and Methods

A retrospective analysis was conducted on the medical records of all women who had an endometrial biopsy sent for histological diagnosis between October 2022 and March 2023 in the AGU in MUH. The data were collected electronically from prospectively maintained live electronic databases. These were cross checked for accuracy with the specimen tracking logs and the electronic laboratory reporting system. Data were anonymised and unlinked prior to analysis. Descriptive statistics were performed and presented using Microsoft Excel.

Results

From the 266 endometrial biopsies reviewed, 39 (14.6%) were deemed inadequate for histological interpretation. According to our analysis, 27 (69%) of the inadequate biopsies were taken from women with postmenopausal bleeding. Half of these women had an endometrial thickness (ET) on transvaginal scan of  $\geq 4$ mm and only one had hysteroscopy performed prior to endometrial sampling. Non consultant hospital doctors were more likely to sample a patient with a normal ET and obtain an insufficient sample.

ESTABLISHING AN AMBULATORY GYNAECOLOGY SERVICE: A REVIEW OF THE FIRST 100 HYSTEROSCOPY CASES

C Conaty, M Montague, S Kelly, M Doyle

Midlands Regional Hospital Portlaoise, Co. Laois

**Abstract**

Ambulatory Gynaecology involves the assessment and treatment of gynaecological conditions in an outpatient setting. Outpatient hysteroscopy (OPH) has been demonstrated to be safe, effective, and acceptable to patients, while also saving theatre time (Ma, et al., 2016).

An Ambulatory Gynaecology service was recently established in Midlands Regional Hospital Portlaoise and we reviewed the first 100 hysteroscopy cases performed to determine how the service has been performing to date.

This was a retrospective analysis. Patients were identified using the department database. Data was obtained from clinic records and patient healthcare records. The cases analysed were the first 100 hysteroscopy cases attempted in the clinic.

The average age of patients attending for OPH was 54 (30-81). 65% of patients underwent transvaginal ultrasound scan in the clinic as well as hysteroscopy. 87% of procedures were completed successfully; the failure rate was 13%. 31% of patients were followed up in the Gynaecology outpatient clinic, 28% of patients were discharged to their general practitioner (GP), 21% required follow up in the ambulatory gynaecology clinic, and 17% of patients required a further inpatient surgical procedure.

The OPH service in MRHP has been successful overall. Many patients have had successful procedures, resulting in less requirement for theatre time. However, similar larger studies have shown failure rates of ~4% (Nagele, et al., 1996) (Cooper, Broadbent, Molnár, Richardson, & Magos, 1995), suggesting there is room for improvement in this service. A further evaluation of the next 100 cases would offer some insight as to whether this being a new service has contributed to the higher failure rate.

FOREIGN BODY GIANT CELL REACTION WITH DYSTROPHIC CALCIFICATION AFTER LLETZ: DIAGNOSTIC AND MANAGEMENT DILEMMA.

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**Abstract**

Foreign body giant cell reaction is an end-stage of the inflammatory response to foreign material. Dystrophic calcification, characterised by abnormal calcium deposition in soft tissues, is associated with chronic inflammation or necrosis. Monsel's solution can occasionally induce atypical immune reactions. Persisting gross changes to cervical tissue are rarely documented. We present a case of cervical foreign body giant cell reaction with dystrophic calcification presenting months following LLETZ and Monsel's application.

A 66 year old patient with HPV and abnormal cytology on cervical smear attended colposcopy for LLETZ. Monsel's solution was applied. There were CIN1 changes and she was planned for follow-up smear in one year. A month later she presented with vaginal bleeding and discharge which ceased with antibiotic treatment. Five months post LLETZ she represented with vaginal bleeding. On exam a raised friable plaque was seen on her cervix. She was referred urgently to colposcopy, where a calcified mass was seen on the anterior cervical lip. Biopsy showed foreign body giant cell reaction with dystrophic calcification, and no evidence of dysplasia. This mass was also visible on MRI. At seven months post LLETZ the lesion remained similar in size. A decision was made to continue monitoring closely, as it did not demonstrate any sinister signs and she preferred to avoid surgical removal.

Monsel's promotes haemostasis following LLETZ. Evidence suggests its iron pigment can seep into tissues, inciting acute immune reaction and calcification. This case of persisting gross pathologic changes represents several diagnostic and therapeutic challenges. Due to its rarity, the natural course this lesion may take is unknown and there is no clear protocol for its treatment. In addition, there may be a dilemma in differentiating between this lesion and future neoplastic change, which may necessitate intervention.

In summary, foreign body reaction and dystrophic calcification is a rare lesion of the cervix. Its presence leads to diagnostic and management challenges.

## HOW WELL DO WE UNDERSTAND CLITORAL ANATOMY? AN IRISH MATERNITY HOSPITAL'S PERSPECTIVE

M White, H Byrne, Z Molphy, K Flood

The Rotunda Hospital, Dublin

### Abstract

#### Background

The clitoris has long been ignored in medical literature and teaching, with the first paper describing its anatomy only published in 1993. It is essential that those working in Women's Health understand the anatomy of this important female sexual organ.

#### Objective

The aim of our study was to assess the level of knowledge of the anatomy of the clitoris across three groups in a busy teaching maternity hospital, the Rotunda Hospital.

#### Study Design and Methods

A questionnaire was devised, asking ten consultants, ten non-consultant hospital doctors (NCHDs), ten midwives, ten midwifery students and ten medical students to name the anatomical parts of a 3D model of the clitoris.

#### Findings/Results

None of the 50 respondents could name all five labelled parts of the clitoris, and 38 of respondents could not name one anatomical part correctly.

#### Conclusions

It is evident that there is a lack of knowledge of the anatomical parts of the clitoris among the medical staff included in this study. This reflects a lack of adequate teaching in this area in older and recent years. Despite this, we acknowledge that women's health and sexual health awareness is improving all of the time, and we hope that this study can highlight the need for improved teaching in this area.

## HUGE UTERINE FIBROID WITH PARACERVICAL EXTENSION INTO THE PARAVAGINAL SPACE AND RIGHT LABIA

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2 Faculty of Medicine, Collegium Medicum UMK, Bydgoszcz 2023, Poland

### Abstract

#### Background

This unusual case demonstrates efficient multidisciplinary management and the intra-operative considerations required for managing a unique and complicated uterine fibroid condition.

**Case Presentation** We present a forty six year old multiparous female, G1P1, normal vaginal delivery, presenting to the Emergency Department with a one week history of fever, malaise and lower abdominal pain with pelvic heaviness on the background of a large 7x8cm vulval mass.

**Clinical Findings** The patient described the discovery of a pea-sized vulval cyst over two years ago on the right labia. The patient developed low-grade fever, abdominal pain and abnormal vaginal discharge and presented to ED. Clinical Examination revealed a large vulval mass (measuring 7x8cm) extending through the cervix into the paravaginal space originating in the uterus. On abdominal examination, a 26 week fibroid uterus was palpable and notably tender.

**Diagnostic Assessment** Patient bloods revealed an increased White Cell Count and increased C-reactive Protein count. A CT AP was performed which confirmed the location of the fibroid within the vulva extending into the cervix and originating in the uterus.

**Treatment and Outcome** Oral antibiotics were started on initial presentation to the Emergency Department. It was decided to commence the patient on femotan and GNRH analogues pre-operatively. Surgical management was discussed and a hysterectomy decided on with a dual approach: vaginal and abdominal with specific consideration for ureter localisation.

**Discussion** There is currently a paucity of reports on a vulval mass of this nature. Paracervical fibroids occupying this particular anatomical route raise concerns of surrounding organ damage specifically the ureters, bowel and urinary bladder.

**Conclusion** We report this paracervical fibroid prolapse with a rare incidence to highlight the necessary pre-operative management and importance of surgical planning when managing complicated gynaecological conditions.

## IATROGENIC FIBROID INJURY DURING LAPAROSCOPIC CAUSING FULMINATING SEPSIS

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### Abstract

#### Background

Infection of uterine leiomyoma is a rare but life-threatening phenomenon which can be associated with the puerperium, pregnancy or gynaecological procedure. It occurs when a fibroid infarcts, becomes necrosed and subsequently infected. Though rare, with ~50 cases reported in the literature since 1945, infected fibroid is associated with significant morbidity and has the potential to cause fatal septic shock. Treatment is surgical in the form of hysterectomy for definitive source control.

#### Case Presentation

A 53-year-old woman with a history of HIV and uterine fibroids underwent elective laparoscopic removal of intra-abdominal intrauterine device and subsequently developed sepsis secondary to iatrogenic fibroid injury. Injury occurred during umbilical port introduction and was repaired intraoperatively. On Day 3 she became febrile, tachycardic and tachypnoeic, prompting a septic work up and antimicrobial treatment. At 50 hours anaerobic blood cultures were positive for fusobacterium. Inflammatory markers were significantly deranged (WCC 3.22 and CRP 220). CTAP was initially unremarkable but repeat scan demonstrated evidence of fibroid necrosis. Despite escalating antimicrobial therapy, she continued to have persistent fever and worsening abdominal pain. MDT decision was taken for subtotal abdominal hysterectomy. Surgery was preceded by uterine artery embolization as the patient was a Jehovah's Witness and declining blood products. Her clinical condition improved significantly post STAH. She was discharged home on day 5 and antimicrobials ceased. Follow up was arranged for weeks 1, 2 and 6 post op.

#### Discussion

Infected leiomyoma is a rare but serious complication of gynaecological intervention, with immunodeficient patients being at particularly high risk. Given the associated mortality rate of up to 30%, it is important that clinicians remain alert to its signs and symptoms. Infected fibroid should be considered in any patient who presents with pain, fever and a history of uterine leiomyoma and swift surgical intervention arranged.

INADEQUATE ENDOMETRIAL BIOPSIES DURING INVESTIGATIONS FOR ABNORMAL UTERINE BLEEDING IN THE AMBULATORY GYNAECOLOGY UNIT IN MAYO UNIVERSITY HOSPITAL

Rasha Abdalla, Anca Trulea, Aseel Elawani

Mayo University Hospital

**Abstract**

Endometrial biopsy is one of the tools used to assess women with potential endometrial pathology. The incidence of insufficient tissue for histopathological diagnosis among these women is reported to be 6 to 33% of cases. Endometrial biopsies classified as inadequate or insufficient by the histopathologists can cause difficulties for gynaecologists in planning further management. Moreover, it may cause anxiety for patients having inconclusive results and hence the potential need for repeat investigations.

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**Study Design and Methods**

A retrospective analysis was conducted on the medical records of all women who had an endometrial biopsy sent for histological diagnosis between October 2022 and March 2023 in the AGU in MUH. The data were collected electronically from prospectively maintained live electronic databases. These were cross checked for accuracy with the specimen tracking logs and the electronic laboratory reporting system. Data were anonymised and unlinked prior to analysis. Descriptive statistics were performed and presented using Microsoft Excel.

From the 266 endometrial biopsies reviewed, 39 (14.6%) were deemed inadequate for histological interpretation. According to our analysis, 27 (69%) of the inadequate biopsies were taken from women with postmenopausal bleeding. Half of these women had an endometrial thickness (ET) on transvaginal scan of  $\geq 4$ mm and only one had hysteroscopy performed prior to endometrial sampling. Non consultant hospital doctors were more likely to sample a patient with a normal ET and obtain an insufficient biopsy.

We recommend assessment with hysteroscopy and avoidance of ‘blind’ endometrial sample.

## IS ULTRASOUND A RELIABLE AND REPRODUCIBLE METHOD FOR ASSESSING ADNEXAL MASSES IN PREGNANCY? A SYSTEMATIC REVIEW

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King's College London

Guy's and St Thomas' NHS Foundation Trust

### Abstract

#### Background

We aimed to systematically review the current evidence regarding the diagnostic accuracy of ultrasound in assessing adnexal masses in pregnancy.

#### Methods

The Cochrane Register PubMed, & EMBASE databases were searched for all types of clinical studies that utilised ultrasound for the diagnosis of adnexal masses in pregnancy. Only studies that used outcome measures of either histological diagnosis or significant regression on imaging follow-up were included. The quality of each study was assessed for risk of bias. The diagnostic performance of ultrasound in each study type was calculated, along with the pooled diagnostic performance of ultrasound in differentiating benign from malignant masses. The initial search yielded 4,915 articles, of which 2,547 qualified for abstract screening. A total of 83 articles were included in this review: one prospective cohort study; six retrospective observational studies; seven case series & 69 case reports. The total number of adnexal masses was 559. The mean patient age was 29.2 years (95% CI: 28.7-29.7). The mean quality assessment score was 75%. The International Ovarian Tumour Analysis Simple Rules were used in two articles, whereas subjective impression was used in the remaining 81 articles. The most frequently diagnosed mass was a simple or physiological cyst (35%). The prevalence of malignancy in the entire sample was 46/559 (8%; 95% CI: 34-61%). The overall pooled sensitivity, specificity, positive likelihood ratio, and negative likelihood ratio of ultrasound in detecting ovarian malignancy were 64% (95% CI: 30-88%), 88% (95% CI: 64-97%), 5.6 (95% CI: 1.2-25.4), and 0.4 (95% CI: 0.15-1).

#### Conclusion

There is a lack of high-quality prospective studies to guide the management of adnexal masses in pregnancy. Ultrasound appears to have an adequate accuracy in differentiating benign from malignant masses. More research is required to assess the role of ultrasound models, rules, & subjective assessment in pregnancy compared to non-pregnant.

LIPSCHUTZ ULCERS AFTER COVID INFECTION, 2 CASE REPORTS. COINCIDENCE OR POSSIBLE ASSOCIATION?

Maeve Smyth, Anna Durand O' Connor

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Abstract

Background

Lipschütz's ulcer is a rare vulvar lesion with local hyperimmunoreactivity triggered by infection. It is characterized by acute, painful, and necrotic ulcerations. This condition is usually found in non-sexually active adolescents, and it resolves spontaneously. It has been reported to occur after viruses such as Epstein Barr and Cytomegaly viruses. the exact incidence is not known but there are sparse case reports in the literature.

Case Presentations

15 year old girl presented acutely with painful necrotic vulval ulceration that occurred suddenly at the posterior fourchette. The ulcers occurred 3 days following a covid diagnosis. She had been worked up for herpes simplex infection despite never having been sexually active. The ulcers were self limiting, pain settled after 3 days with the ulcers completely healed by 7 days. Second case was a 15 month old baby girl presented with painful vulval ulceration 4 days following a viral illness.

Both patients had swabs taken for bacterial and viral growth- all results were negative. they patients were tested for EBV and CMV- swabs negative. Both patients were covid positive at the time of presentation. Initially the patients had been commenced on acyclovir and coamoxiclav. These were stopped when results available. They were both treated with topical lignocaine and barrier creams for symptom relief.

Discussion

Lipschütz's ulcers usually affect non-sexually active adolescents. There are a few case reports of lipschtuz ulcers after covid infection. These cases affected 19, 35 and 41year old women. None of the women had previous history of vulvar or vaginal ulcers, however oral ulcers were presented in one of the cases described. The lack of oral ulcers in these cases suported our diagnosis of lipschutz ulcers.

This case represents a rare situation of a genital ulcer associated to the covid virus in two separate patients. We emphasize the importance of differential diagnosis for Lipschütz's ulcers triggered by SARS-CoV-2, given that there are no strict criteria for its diagnosis

## PATIENT SATISFACTION IN AN OUTPATIENT HYSTEROSCOPY CLINIC SETTING: A RE-AUDIT AFTER ONE YEAR

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### Abstract

#### Background

Abnormal uterine bleeding is the second leading symptom for women to present to a Gynaecology unit (1). A previous audit in the hysteroscopy unit (Cill Ide) recommended pre-procedural analgesia and timed hormonal treatment for patients at increased risk of cervical stenosis. Furthermore, installation of directing signs to help the patients find the hysteroscopy clinic easily

#### Objective

This was a re-audit to evaluate patient satisfaction with the care provided in the outpatient hysteroscopy clinic (OHC) at University Hospital Kerry one year after implementation of recommendations from the initial audit.

#### Methodology

Data was collected in the form of a patient satisfaction questionnaire filled in after hysteroscopy and the results were compared to the initial audit done in 2017. The patient satisfaction standard was set at 80% for each category. Since the "excellent" category was added in the re-audit, 80% of women in the re-audit were expected to respond with very good or excellent.

#### Results

Sixty women completed the questionnaire (100%; 60/60). An improvement was seen in all areas that fell short in the first audit with ten aspects of the service meeting the set standard compared to six in the previous audit. Waiting time between GP and OHC appointment did not meet the standard with 71% (43/60) of women responding with excellent or very good. However, in the 2017 audit only 67% (40/60) of women responded with very good.

In the re-audit, 15% (9/60) experienced severe pain compared to 8.5% (5/60) in the original audit. However, 47% (28/60) of women did not use any form of analgesia prior to appointment.

#### Conclusion

Overall patient satisfaction was very high and despite slightly higher pain scores. 97% (58/60) of women would still recommend the service to someone else.

### Recommendations

Simple analgesia use prior to appointment should be stressed on the patient information leaflet as well as during the pre-appointment phone call. Furthermore, approval of dedicated ultrasound time slots for women with PMB should reduce waiting times.

## TUBOOVARIAN ABSCESS AND ENDOMETRIOSIS- A CASE STUDY AND MANAGEMENT

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### Abstract

#### Background

Tubooovarian abscess (TOA) is defined as an inflammatory mass involving the tube and/or ovary characterised by the presence of pus. It is often a late sequelae of untreated PID.

TOAs are associated with high morbidity- infertility, risk of ectopic pregnancy, chronic pelvic pain. They also can cause abdominal sepsis, if they rupture, which is associated with a high mortality rate of 5-10%.

There are no national or UK guidelines on the optimum management of TOA. Women with endometriosis are more likely to have a TOA and are more likely to be unwell with same.

Additionally, although 25% of PID is caused by chlamydia/gonorrhoea, approximately 30-40% of cases are polymicrobial and may be caused by other intraabdominal pathologies- e.g. endometriosis, diverticulitis etc.

This case-study highlights the morbidity and potential mortality associated with TOA, highlights the link between TOA and endometriosis and provides a reference point for appropriate management in the absence of official guidance.

#### Case Study

C.B. is a 37 year old female. Para 0+0 who was transferred to Tallaght University Hospital from Naas on 03/07/23 with abdominal pain, diarrhoea and pyrexia at home on a background of recent laparoscopy in Sweden on the 30/05/23.

CB also has a background history of endometriosis diagnosed in Our Lady of Lourdes Hospital in 2019. Imaging showed bilateral tubo-ovarian abscesses with significant endometriosis- with significant rectal tethering.

She was managed as an inpatient and received joint care under Gynaecology and Infectious Diseases. She remained as an inpatient for 11 days. She had intermittent pyrexias for the first 2 days of admission. She was treated with IV ceftriaxone 2g IV OD, doxycycline 100mg . Her main symptom was abdominal and rectal pain.

Of note- all microbiological investigations were negative.

She had a PICC line inserted 12/07/23 and was discharged on OPAT 13/07/23 for 6 weeks outpatient antibiotics. She had a repeat MRI as an outpatient which showed interval resolution.



# Gynaecological Oncology

### A CASE OF RECURRENT TERATOMAS

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#### Abstract

Teratomas are germ cell tumors(GCT) comprising tissue from all 3 germ cell layers, categorized as mature or immature, with the latter exhibiting higher malignant potential. Representing <1% of ovarian cancers, they primarily affect young women.

We describe a 16-year-old girl with severe left-sided abdominal pain and elevated HCG and AFP levels, who underwent an open left oophorectomy for acute ovarian torsion. Despite spontaneous cyst capsule rupture, no spillage occurred. An oedematous fallopian tube, tethered to the sigmoid colon was left in-situ. HCG normalized post-excision, but AFP remained elevated. Preliminary histology confirmed an immature teratoma. Subsequent left salpingectomy, omentectomy, and peritoneal biopsy revealed a Stage IIB mixed GCT - primarily immature teratoma with <5% yolk sac tumor. A CT 6 weeks post-surgery showed a growing abdominal wall mass, unresponsive to adjuvant chemotherapy (AC), necessitating surgical excision. Histology showed a mature teratoma of the right abdopelvic side wall with no immature features. The patient remains under close observation.

Tumor grade and mixed elements, such as yolk sac tumor, impact prognosis. While fertility-sparing surgery suffices for many immature teratomas, the role of AC is inconclusive. Platinum-based AC is most effective. "Growing teratoma syndrome"(GTS) is rare, with enlarging masses during/after chemotherapy for GCT and normal tumor markers. In this case, the mass appeared before, but didn't regress with AC, requiring surgical excision and showing exclusive mature teratoma features.

Given AC's uncertain utility, determining its impact on relapse remains challenging. Mixed GCT elements complicate treatment regimens and prognosis. Further studies across age groups are essential to establish the optimal approach, especially considering AC's long-term effects on fertility and comorbidities in vulnerable populations. Prolonged follow-up is essential, however the length remains undetermined. GTS should be considered when recurrent tumors do not respond to AC to avoid unnecessary cycles.

### A CASE REPORT: A VAGINAL ANGIOMYXOMA THAT WON'T QUIT

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#### **Abstract**

Angiomyxomas are rare benign slow growing tumours of the soft tissue, originating from myxoid cells. They are classified into two types: Superficial and aggressive angiomyxoma in which the former mostly affects middle-aged and older adults and is usually seen on the skin, and the latter which affects mainly women of childbearing age and is found to be locally aggressive with high infiltrative capacity and recurrence.

We present a case of a 49-year-old menopausal female on HRT who was referred to the gynaecology service for Mirena coil change as GP was not able to visualize the cervix. On the initial clinic visit the patient had no complaints and on pelvic examination a large right sided vaginal wall swelling was noticed, described as a vaginal cyst, obliterating the vagina. Excision of the 10cm mass was carried out in the operating theatre under general anaesthesia and Mirena coil was changed. Histology revealed myxoid tissue with high vascularity. Immunohistochemistry further confirmed angiomyxoid lesion with benign appearance.

The patient had an uneventful postoperative recovery. She returned to clinic nearly one year later with complaint of right sided labial swelling and tenderness. The patient was taken to theatre for the second time where the 6cm angiomyxoma was excised. Histology was suggestive of superficial angiomyxoma.

A CTAP and MRI pelvis was performed after the second surgery where no residual or recurrent tumour was identified and metastasis to other organs was ruled out. A second opinion is still awaited from a multidisciplinary team.

Angiomyxomas of the reproductive organ are rare making diagnosis challenging. Further, no national guideline has been developed which leads to obstacles in the management plan. When met with such a presentation it could be beneficial to sought a second opinion from a multidisciplinary team and consider surgical excision with medical adjuvant therapy.

### A RARE CASE OF CHORIOCARCINOMA

L. Ryan Moran, M. O'Brien, D. O'Brien, M. Wilkinson, R. McVey, J. Coulter

#### Abstract

#### Background

Choriocarcinoma is a gestational trophoblastic neoplasm which can affect women at the extremes of age. Arising from the trophoblast, choriocarcinoma is associated with beta hCG production. Women may present with abnormal bleeding caused by local disease or with symptoms of metastases - headaches, seizures, dyspnoea and haemoptysis. A histological diagnosis is not essential and can be circumvented in the presence of clinical symptoms, a significantly elevated beta hCG and radiological confirmation. FIGO Scoring is used to direct clinical decisions around treatment with chemotherapy. All women with a diagnosis of gestational trophoblastic neoplasm must be registered at a GTN centre.

#### Case Presentation

A 52 year old G1P1 perimenopausal woman presented to the emergency department with an eight week history of irregular bleeding, weight loss, nausea & vomiting on a background history of no medical or surgical issues. Her last pregnancy was 19 years prior and she had no history of miscarriage or ectopic pregnancy. She reported normal up-to-date cervical smear tests and no family history of any gynaecological malignancy.

On examination the abdomen was noted to be mildly distended with a palpable mass arising from the pelvis. Speculum examination was normal. On bimanual examination an enlarged, mobile 16 week uterus was palpated.

Urine bHCG was positive and a subsequent serum beta hCG was 169,042 mIU/mL. CT brain, thorax, abdomen and pelvis reported a markedly enlarged uterus 19x8x14cm containing a hypervascular endometrial mass with metastasis to the myometrium and ovaries. There was no distant metastatic disease.

A diagnosis of Stage 2C choriocarcinoma was made. A FIGO Score of 13 was calculated placing this patient in the high risk category. A tissue diagnosis was not obtained due to the risk of torrential haemorrhage. The patient was seen by medical oncology and commenced on chemotherapeutic treatment with etoposide and cisplatin.

## A REVIEW OF PATIENT REPORTED DISTRESS SCORES IN GYNAECOLOGICAL CANCER SURVIVORS

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### Abstract

#### Background

More than 50% of cancer survivors with gynecological cancer experience health concerns and/or long-term side effects.

#### Aim

This review aimed to determine the level of distress experienced in those attending out service and what problems were leading to distress.

#### Method

Prior to their review in the gynaecological oncology survivorship clinic, patients are asked to complete a screening questionnaire – The Distress Thermometer; this uses a visual analogue scale to report level of distress as well as additional problems that have affected them over the course of the last week.

A retrospective review of 100 screening forms was performed. We determined the level of distress in this cohort as well as the problems which they reported. Descriptive analysis was performed to present this data.

#### Results

The average distress score reported was 2.86 (range 1-10). There was a correlation between distress score and the number of patient reported problems. The most commonly patient problems were physical (346/572, 60% of all problems reported), with fatigue and sleep disturbance being the most commonly reported in this area; fatigue and sleep disturbance were reported by 37% and 35% of respondents, respectively. Financial problems were the most commonly reported practical difficulties (9%). Concern regarding family health issues were the most commonly reported family problem (12%). Worry was the most commonly reported emotional problem (42%). None of the 100 respondents reported spiritual problems

#### Conclusion

This review of patient reported distress and problems outlines the common issues reported in women following cancer diagnosis and treatment. The findings from our review are consistent with international literature outlining patient reported problems in the cancer survivor cohort.

The review shows that fatigue and sleep disturbance are a significant issue affecting cancer survivors and highlights the need for further research in this area and how best to manage sleep disturbance in this cohort.

## AN AUDIT OF TIMELINES FOR WOMEN PRESENTING TO OUTPATIENT HYSTEROSCOPY SERVICES WITH POSTMENOPAUSAL BLEEDING

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### Abstract

Outpatient hysteroscopy is an invaluable tool for investigations and management of postmenopausal bleeding. Since June 2021 University Hospital Waterford runs a “one-stop-shop” where women have an ultrasound, a hysteroscopy, biopsy or removal of polyp if indicated. An increase in the use of HRT has resulted in an increase in the number of referrals for investigations of PMB or AUB.

Given up to 9% of all women referred in for assessment of postmenopausal bleeding will have a diagnosis of endometrial cancer<sup>1</sup>, we audited patients seen within a set time-frame to ascertain if we met the gold standards as set in the Irish guidelines. We also set to audit the timeline from initial primary care referral to being seen, and the number of cases completed at the first visit.

This was a retrospective data analysis of all women referred to a tertiary centre “one-stop-shop” service from July 2022- August 2023. All patient information was anonymised and entered into a secure password-encrypted database and later analysed. The National Women & Infants Programme National Clinical Practice Guideline for Assessment & Management of Postmenopausal Bleeding 2022 was the standard used.

267 patients were seen within 13 months. 100 patients (37.4%) were seen within 28 days or less, against a gold standard of 100%. The number of cases completed and discharged at the first visit was 116 patients (43.4%). 90/267 (33.7%) were PMB on HRT.

7 FIGO endometrial cancers were diagnosed, giving an incidence of 2.6% of endometrial cancer within our cohort; 5 were Grade 1-2 and 2 were Grade 3. Only 2 were seen within the gold standard time frame of 28 days or less. The others were seen varying from 30 to 47 days.

This audit reflects the increased burden on our services and the need for additional resources to meet the burgeoning demand. Supporting primary care physicians to ensure patients are appropriately referred is pertinent to allow timely assessment.

## CAN ULTRASOUND RELIABLY ASSESS OVARIAN ENDOMETRIOMAS IN PREGNANCY? A SYSTEMATIC REVIEW

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King's College London

Guy's and St Thomas' NHS Foundation Trust

### Abstract

#### Background

There is currently a lack of evidence regarding the diagnostic accuracy of ultrasound in assessing endometriomas in pregnancy. The purpose of this study was to systematically review the current evidence reporting on the diagnostic accuracy of ultrasound in assessing endometriomas in pregnancy

#### Methods

The Cochrane Register, PubMed & EMBASE databases were searched. All types of clinical studies that utilised ultrasound for the diagnosis of ovarian endometriomas in pregnancy were screened. Only studies that obtained histological confirmation were included. The quality of each study was assessed for risk of bias. The diagnostic performance of ultrasound in each of the study types was calculated, and 2x2 contingency tables were constructed to assess the pooled diagnostic performance of ultrasound in assessing endometriomas in pregnancy.

#### Results

The initial search yielded 4913 papers, of which 1873 qualified for abstract screening. 17 papers were included: 1 prospective observational study, 3 retrospective observational studies, 4 case series and 9 case reports. There was a combined adnexal mass count of 207, with histology available for 71 (34%). The mean patient age was 33.750 years (95% CI: 30.738-36.762). The quality assessment scores ranged from 50-100% (mean 73%). The International Ovarian Tumor Analysis (IOTA) Simple Rules were used in 2 studies, while subjective impression was used in 14/17. Overall pooled sensitivity, specificity, positive likelihood ratio (LR+), and negative likelihood ratio (LR-) of ultrasound for detecting endometriomas in pregnancy were 0.77 (95% CI: 0.41-0.95), 0.67 (95% CI: 0.16-0.96), 0.33, and 0.34, respectively.

#### Conclusion

There is currently a lack of high-quality prospective studies to guide the clinician on how to diagnose and manage ovarian endometriomas in pregnancy. The accuracy of ultrasound in deciphering benign endometriomas from malignant masses appears to be less in pregnant than in non-pregnant women.

## CANCER OF UNKNOWN PRIMARY PRESUMED OVARIAN : CASE REPORT AND LITERATURE REVIEW

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### Abstract

#### Introduction

Cancer of unknown primary (CUP) is a term used to describe a group of metastatic cancer based on absence of identifiable primary tumor. CUP account for approximately 1-2% of invasive cancers which could be adenocarcinoma, squamous cell carcinoma, neuroendocrine and poorly differentiated cancer of unknown primary site. The most common being adenocarcinoma at around 70%. Most common site of metastasis in CUP are lymph node, bone, liver, and lung.

We present a case of cancer of unknown primary (CUP) presumed ovary

#### Case Report

A 44 year old with 7 month history of abdominal swelling, general body malaise and per vaginal bleeding and 4 month history of anterior chest wall mass and acute onset of difficulty in breathing. Patient also noted to have a left supraclavicular swelling. Investigations revealed increased levels of CA 125 at 1676. CT SCAN chest and abdominopelvic showed a right chest wall mass infiltrating the pectoralis muscle, pleura and lung likely metastatic with massive pleural effusion and right posterior atelectasis. CT abdominopelvic revealed a large pelvic mass likely ovarian. Biopsy of chest wall mass and cervical lymph nodes done negative for malignancy in the chest wall and metastatic carcinoma in the lymph nodes. Immunohistochemistry also done revealed that primary differential sites include female genital tract and pancreatobiliary tract.

Patient was managed for the pleural effusion with under water seal drainage and pleurodesis. She was started on platinum and taxane based chemotherapy with serial CA 125 monitoring noted to be declining.

#### Conclusion

The case presented is a CUP presumed ovarian diagnosed from biopsy of metastatic lesions with imaging and immunohistochemistry and chemotherapy is the preferred

## CASE REPORT - UNUSUAL PRESENTATION OF ENDOMETRIAL CANCER

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### Abstract

#### Background

An 80-year-old postmenopausal lady, referred from GP with dull abdominal pain. She had no risk factors for endometrial cancer. CT pelvis & TAS revealed thickened endometrium and an adnexal lesion in left ovary. Urgent hysteroscopy and endometrial biopsy escalated. H/P returned normal with no evidence of malignancy.

Surprisingly the symptoms persisted. TAS showed ET of 7mm and complex left adnexal mass. Pipelle biopsy taken in ambulatory clinic. H/P revealed complex hyperplasia with atypia. Urgent total laproscopic hysterectomy and salpingo oophorectomy was done. This is the first time TLH was done in UHK on 27th Jan 2023. H/P revealed endometrioid adenocarcinoma of uterus (FIGO 1A) while the mass in the left ovary came out as benign ovarian fibroma.

MDT from gynae oncology centre suggested no further adjuvant treatment apart from surveillance for five years.

#### Conclusion

- 1 - Innovation; Introduction of TLH in UHK.
- 2 - Establishment of post menopausal clinic; saving patients from being near missed.
- 3 - Ambulatory Clinics - urgent triaging patients with suspicious symptoms.

## CLEAR CELL CARCINOMA, OF THE CERVIX?

L . Ryan Moran, M. O'Brien, A. Hawarden, M. Fitzpatrick, M. Wilkinson, Z. Fonseca Kelly, R. McVey, D. O'Brien

### Abstract

#### Background

Cervical cancer is the fourth most common cancer affecting women, with 342 cases in Ireland diagnosed annually. The majority (90%) are squamous cell in origin, the remaining are made up of adeno or mixed carcinomas. Clear cell adenocarcinoma of the cervix (CCAC) is rare, and has been linked to diethylstilbesterol (DES) use during pregnancy. DES is a synthetic oestrogen, taken by women during pregnancy to prevent miscarriage and preterm birth but was discontinued by the FDA in 1975 due to its link to this rare gynaecological malignancy.

#### Case Presentation

A 49-year-old parous, premenopausal woman, of South East Asian origin was referred with a history of post coital bleeding. A cervical smear test had reported low grade squamous intraepithelial changes. The patient had no medical history of note, and no family history of any malignancy. Previous smear tests were normal.

A cone biopsy was duly performed and was reported to contain high grade serous cancer. An MRI pelvis reported a 3.6cm left adnexal cyst, bilateral adnexal haemorrhagic processes with enhancing papillary projections on the left, no lymphadenopathy and truncated cervical stroma. The case was discussed at the gynaecology MDT due to its complexity. A plan was made for laparoscopic unilateral salpingo-oophorectomy, hysteroscopy D&C and a further cone biopsy. Histology revealed a normal endometrium, endometriosis on the left fallopian tube and ovary and the second cone biopsy revealed a CCAC.

Following this diagnosis the MDT recommended a radical hysterectomy, right salpingo-oophorectomy and bilateral sentinel lymph node biopsies. The remaining histology was normal with no lymph node involvement and therefore the patient will undergo clinical follow up only, with no adjuvant treatment.

There is no reported intrauterine use of DES in this case and no other risk factors or aetiology has been identified at this time for CCAC, however a link to endometriosis has been postulated and the incidence has been reported to be higher in the South East Asian population.

## EVALUATION OF REFERRALS OF PATIENTS WITH ATYPICAL ENDOMETRIAL HYPERPLASIA TO A TERTIARY GYNAECOLOGICAL ONCOLOGY CENTRE

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Trinity College, Dublin

### Abstract

#### Background

Atypical endometrial hyperplasia is a pre-malignant condition linked to prolonged exposure to oestrogen. Untreated, around one-third of women will develop endometrial cancer. Treatment options include hormonal therapy and hysterectomy. With the former, regular surveillance endometrial assessment is essential owing to the potential for malignant progression. Precise diagnosis and timely management can mitigate the risk of endometrial cancer.

#### Objective

To report the incidence of endometrial cancer in patients with atypical hyperplasia at our centre from 2021 to 2022.

#### Methods

This is a retrospective cohort study of 59 patients at St James's Hospital from 01/01/2021 to 31/12/2022 referred for discussion at the Gynaecological Oncology Multi-Disciplinary Team meeting (MDT), with a referral diagnosis of atypical endometrial hyperplasia on endometrial sampling.

#### Results

Of the 59 patients referred with a diagnosis of atypical hyperplasia, mean age was 53.9 years and mean Body Mass Index was 42 kg/m<sup>2</sup>. In total, 25 women (42.4%) received a diagnosis of endometrial cancer: at the initial MDT reassessment of endometrial curettings in 8 and following hysterectomy (performed for atypical hyperplasia) in 18 women. Table 1 indicates the MDT outcomes for the cohort of 59 women.

#### Conclusion

At our centre, almost half of the patients referred for MDT discussion with the finding of atypical endometrial hyperplasia were found to have endometrial cancer, either on reassessment of curettings by a gynaecological pathologist, or on histological assessment of the hysterectomy specimen after surgery for atypical hyperplasia. Greater MDT resources are likely to be required to manage the increasing rates of referral of this patient cohort.

FERTILITY PRESERVING SURGERY OUTCOMES FOR OVARIAN MALIGNANCY: DATA FROM A TERTIARY CANCER CENTRE IN CENTRAL LONDON

Jonathan Gaughran, Osama Naji, Mohammed Q. Al-Sabbagh, Ahmad Sayasneh

King's College London

Guy's and St Thomas' NHS Foundation Trust

**Abstract**

**Background**

Fertility Sparing Surgery (FSS) appears to be a safe means of treating early-stage ovarian cancer based on relatively limited evidence. However, there is currently insufficient evidence to aid women in counselling about their potential fertility outcomes.

**Objective**

The aim of this study was to assess the reproductive outcomes and prognosis of women who have undergone FSS for ovarian malignancy.

**Methods**

Between 1 June 2008 and 1 June 2018, a retrospective review of a clinical database was conducted to identify all consecutive patients who underwent FSS in a central London gynaecological oncology centre. All patients with a histological diagnosis of ovarian malignancy (excluding borderline ovarian tumours) were eligible. All identified patients were then prospectively called into a follow up and asked to complete a questionnaire about their fertility outcomes.

**Results**

A total of 47 women underwent FSS; 36 were included in this study. The mean age was 30.3 years (95% Confidence Interval [CI]: 27.6 to 33.0 years). During the study period, 17/36 (47.2%) of the women had attempted to conceive following surgery, with a successful live birth rate of 52.9% (9/17). The mean time of recurrence was 125.3 months (95% CI: 106.5?144.1 months). The mean time to death was 139.5 months (95% CI: 124.3?154.8). The cancer grade, tumour stage and use of Assisted Reproductive Technology (ART) were the main factors significantly associated with the risk of recurrence and death.

**Conclusion**

This study suggests that a large proportion of women will not attempt to conceive following FSS. For those who do attempt to conceive, the likelihood of achieving a live birth is high. However, careful counselling about the higher risk of recurrence and worse survival for women with high grade cancer, disease Stage > IA and potentially those who undergo ART is essential before contemplating FFS.

### FLUID IN THE ENDOMETRIAL CAVITY: IS THERE A SIGNIFICANCE?

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#### Abstract

The presence of endometrial fluid in the uterine cavity is linked to malignancy, inflammatory processes, hematometra or exogenous estrogen administration.<sup>1</sup> As 9% of all women with postmenopausal bleeding will be diagnosed with endometrial cancer<sup>2</sup>, current practice is to sample coexisting fluid which could be difficult, carrying a perforation risk as cervical stenosis is linked to fluid presence<sup>3</sup>. Current Irish guidelines recommend delineating the fluid from endometrial thickness but no further guidance is given regarding managing the findings thereof.

Due to a paucity in published literature regarding managing women with sonographically detected endometrial fluid, we examined these patients to determine their characteristics, histopathological findings and subsequent clinical impact.

This was a literature review and a retrospective data analysis of all women referred to a tertiary centre “one-stop-shop” service from July 2022- August 2023. All patient information was anonymised, entered into a secure database and analysed.

267 patients were seen within the set time-frame. Of these, 13 patients (4.8%) were found to have endometrial fluid, with benign hysteroscopic findings ranging from endometrial mucus to normal atrophic cavity. None were on HRT. Only 3 patients had a thickened endometrium >4mm but hysteroscopic findings were normal and histopathology findings were benign. 1 patient had an endometrial polyp and another had a posterior wall fibroid. 2 were failed hysteroscopies due to inability to gain access in a stenosed cervix; 1 is booked for MRI, and another for hysteroscopy under general anaesthetic. Obtained histopathological results were all benign. 9 patients were discharged to GP with no follow-up.

Although there is a lack of evidence with regards to guiding when endometrial fluid requires investigation, all our patients had zero malignancy or benign endometrial pathology. This raises the question of whether this finding in the context of a normal endometrial thickness would warrant future intervention. More research is needed to guide best practice.

## LLETZ AND MIRENA COIL: WHAT HAPPENS THE COIL? A CONSENSUS OF PRACTICE IN IRISH COLPOSCOPY UNITS

Maeve Smyth, Christina O'Brien, Sinead Cleary, Gunther Van Bunau

Tallaght University Hospital

### Abstract

#### Background

Mirena Coil prevalence in the Irish population is 6.1%, this means that there is a significant proportion of women who will attend colposcopy services with a Mirena coil in situ. To date, there are no established national guidelines in Ireland or the UK on management of a Mirena coil during LLETZ procedures. This project was devised following observation of differences in approaches to managing a Mirena coil in situ at the time of a LLETZ procedure. Currently in Tallaght University Hospital, differences in practice include a Mirena coil being removed pre-procedure and reinserted post-LLETZ procedure on the same day, or the IUCD threads being pushed into the endocervical canal or the Mirena threads left undisturbed and risk cutting by the excision loop. There is a paucity of published literature regarding management of a Mirena coil at the time of LLETZ.

#### Objective

This study aimed to consolidate the current practice among the colposcopy units in Ireland.

#### Study design and Methods

A survey was created and distributed to all nurse colposcopists and lead colposcopists in Ireland. The 15 colposcopy units were included, 45 surveys were sent out.

#### Findings

39 completed surveys. Differing practice across Ireland and within individual departments- 30% reported different practices in their own departments. 78.79% of people do not change the Mirena coil at the time of LLETZ. 97% had the same practice for different IUCD's.

#### Conclusion

No clear consensus in literature regarding the best clinical practice for Mirena technique during a LLETZ procedure. Internationally, reinsertion six weeks post LLETZ appears to be favored. There is a paucity of published research that would outline the associated risks and benefits on the timing of IUD insertion post LLETZ procedure, or incidence of Mirena threads being cut during LLETZ. This study appears to be novel in evaluating national trends in clinical practices of LLETZ procedures with a Mirena coil in situ. In conclusion, a national guideline needs to establish a recommendation for Mirena technique in Ireland.

## POSTMENOPAUSAL BLEEDING ON HRT

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### Abstract

Outpatient hysteroscopy is an invaluable tool for investigations and management of postmenopausal bleeding. Since June 2021 University Hospital Waterford runs a “one-stop-shop” where women have an ultrasound, a hysteroscopy, biopsy or removal of polyp if indicated. An increase in the use of HRT has resulted in an increase in the number of referrals for investigations of PMB.

As 9% of all women referred for assessment of postmenopausal bleeding will have a diagnosis of endometrial cancer<sup>1</sup>, we aimed to retrospectively analyse all our patients referred with PMB on HRT within a set time-frame to ascertain the incidence of endometrial cancer.

This was a literature review and retrospective data analysis of all women referred to a tertiary centre outpatient hysteroscopy “one-stop-shop” service from July 2022- August 2023. All patient information was anonymised and entered into a secure password-encrypted database at the time of patient contact and analysed.

267 postmenopausal patients were seen within the 13 months. 77 patients (28.8%) were on HRT and had bleeding patterns ranging from spotting to heavy, prolonged bleeding. Ultrasound findings ranged from thin endometrium not warranting further intervention to hysteroscopic findings revealing normal endometrium to polyps or fibroids. Of these, 28/77 (36.4%) patients had an endometrial thickness (ET) <5mm. 63/77 (81.8%) patients warranted a hysteroscopy of which 37/77 (48%) had normal endometrium. 18/77 (23.4%) patients had endometrial polyps which were removed hysteroscopically, and only 1 patient (1.29%) had 2 endometrial polyps with histopathological FIGO 1-2 endometrial cancer diagnosed within, with an atrophic cavity otherwise.

The incidence of cancer within our cohort of women with PMB of HRT is low (1%), comparable to 2-5% as quoted in current guidelines. Our research reflects the increased burden on services from increased HRT prescribing and the need for additional resources to meet the burgeoning demand. Supporting primary care physicians is important to ensure appropriate patient referrals.

### SCC CERVIX WITH CIN3-LIKE GROWTH PATTERN-A DIAGNOSTIC CHALLENGE

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#### **Abstract**

We present a rare case of SCC with CIN3-like growth pattern, a subtype of invasive SCC, characterised by involvement of surface epithelium and infiltration into the underlying stroma of expansile islands with features of CIN3, luminal necrosis and intra-epithelial squamous maturation. This subgroup can be mistaken for high grade dysplasia on superficial biopsies or shallow LLETZ excisions and lead to a delay in diagnosis and treatment.

Ms X a 39yo para 3+3 lady who presented to her GP with intermenstrual bleeding and post coital bleeding. Her cervical smear was HPV positive, HSIL and she was referred for colposcopy. She is a smoker with a 10 pack-year history. Biopsies taken at colposcopy showed CIN3. She underwent a LLETZ which revealed HPV associated moderately-poorly differentiated SCC, depth of invasion 3.3mm, horizontal extension 4.1mm, with positive margins for CIN3 but not invasive cancer. She was referred for Gynaecology Oncology MDT discussion.

At MDM, the MRI cervix showed no residual disease post-LLETZ. On review of her LLETZ, invasive moderately differentiated SCC with CIN3-like growth pattern was diagnosed and she was upstaged to a 1B1 tumour. Ms X had a radical hysterectomy with sentinel lymph node dissection and ovarian transposition. Her excision specimen showed residual tumour with similar morphology with total tumour diameter >4cm and deep stromal invasion. Sentinel lymph nodes revealed isolated tumour cells and she was restaged to 1B3 SCC. She was deemed as intermediate risk for recurrence and she was referred to Radiation Oncology for adjuvant small field radiation.

As demonstrated by this case, referral to a specialist MDT is imperative to recognise and manage usual and rare entities. SCC with CIN3-like growth pattern poses a diagnostic challenge. Small, traumatised or poorly orientated biopsies can further contribute to its misinterpretation. It is important to increase awareness of this histologically rare subgroup so it can be recognised when there is a high clinical suspicion for invasive carcinoma.

## SISTER MARY JOSEPH NODULE: A POSSIBLE IATROGENIC CAUSE OF A CUTANEOUS RECURRENCE OF ENDOMETRIAL CARCINOMA

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### Abstract

#### Background

Sister Mary Joseph Nodule (SMJ) is a rare palpable cutaneous umbilical nodule that typically signifies the presence of underlying metastatic disease. It is associated with abdomino-pelvic tumours. The nodule may appear as the initial sign of an undiagnosed malignancy or disease recurrence. The most common histology is adenocarcinoma (~75%) but squamous cell and undifferentiated carcinoma have also been identified. Overall, it is an ominous sign with an average survival of 11 months after discovery. The pathophysiology is poorly understood but proposed mechanisms include lymphatic, hematogenous, contiguous and iatrogenic spread.

#### Case Presentation

This case report describes a 74-year-old who presented with a SMJ nodule 2 years following TLH, BSO, SLNB of endometrial carcinoma. The initial diagnosis of endometrial carcinoma was established in February 2021 following investigations for post-menopausal bleeding. Histology confirmed FIGO 2, Grade 2 endometrial adenocarcinoma with >50% myometrial invasion, cervical stromal involvement, 0/2 positive lymph nodes and positive lymphovascular invasion. The patient subsequently received adjuvant vaginal vault brachytherapy alongside pelvic radiotherapy completed by June 2021.

Survivorship surveillance remained unremarkable until April 2023 when the patient presented with a 2-month history of a 4 cm umbilical protrusion and discoloration. Further assessment with CTTAP identified a cystic-solid lesion, likely to be SMJ nodule. This was subsequently managed with surgical excision with histology showing metastatic moderately differentiated (Grade 2) endometrioid adenocarcinoma. Given the initial negative lymph nodes and clear surgical margins, it is likely that the SMJ nodule is a surgical spread. This possibly happened at laparoscopy; either through direct implantation by contaminated surgical instruments or aerosolisation of tumour cells and subsequent chimney effect at port site.

#### Conclusion

This report discusses the case of possible iatrogenic cause of SMJ nodule following TLH in endometrial carcinoma.

WHAT HAPPENS IN THE EMERGENCY DEPARTMENT STAYS IN THE EMERGENCY DEPARTMENT – AN AUDIT OF COLPOSCOPY TREATMENT COMPLICATIONS PRESENTING TO CORK UNIVERSITY MATERNITY HOSPITAL

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## Abstract

### Introduction

Colposcopy treatments are commonly performed in gynaecology as part of the national Cervical Check screening programme. The treatments remove abnormal cervical cells by excising them (LLETZ) or ablating them (Cold Coagulation). The colposcopy department in Cork University Maternity Hospital (CUMH) is located offsite at St. Finbarr's Hospital. Women with post treatment complications are advised to attend the emergency department (ED) in CUMH. The aim of this audit is to identify the local incidence of complications following colposcopy treatment and to examine the communication between the ED and the colposcopy unit.

### Methodology

Retrospective audit in August 2023 of all colposcopy treatments (LLETZ or Cold Coagulation) performed at St Finbarr's colposcopy unit from January to December 2022 inclusive. Eligible cases were identified from the colposcopy units register. All treatment cases were reviewed to determine if the patient subsequently presented to the ED in CUMH. Data including indication for presentation and subsequent management was transcribed from electronic healthcare records to a coded excel file and descriptive statistics conducted.

### Results

During the 12 months of the audit, 700 colposcopy treatments were performed of which 519 were LLETZ and 181 were cold coagulation. Eighteen (2.6%) patients presented to the ED. Ages ranged from 27 to 61 years with a median of 33.5 years. Indication for presentation included, bleeding (78%), pain (33%) and suspected infection (39%). Three patients (16.6%) were admitted - mainly intravenous antibiotics and observation. No patient required surgery or blood transfusion. No direct communication between the ED and the colposcopy unit was noted for any of the 18 cases, nor was there any documentation of completion of an incident form for those requiring admission.

### Conclusion

This audit shows that the incidence of complications post colposcopy treatment in our unit is in line with international standards. It also highlights a deficiency in communication between the ED and colposcopy unit.



## Global Women's Health

A REVIEW OF 4159 CASES OF ACUTE POST-SEXUAL ASSAULT MEDICAL CARE: POST-EXPOSURE PROPHYLAXIS, PREDICTORS OF FOLLOW-UP ATTENDANCE AND STI TESTING

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## Abstract

### Background

Sexual assault (SA) is a prevalent issue with enduring physical consequences. Post-SA medical care mainly focuses on injuries, STI prevention and preventing unwanted pregnancies. Swift access to post-SA medical care is vital with Sexual Assault Treatment Units (SATUs) streamlining this care. Our study aims to evaluate post-SA care including STI prevention at the national SATU network and analyse attendance at follow-up for STI testing.

### Methods

This was a retrospective cross-sectional study of all acute attendances (<7 days from incident) to the national SATU network between 1/1/2017-31/12/2022.

### Results

A total of 4159 acute cases were observed. Emergency contraception (EC) was administered to 53.8% (n=1899/3529) of cases, while post-exposure prophylaxis (PEP) for chlamydia was given in 75.1% (n=3124/4159) and for HIV in 11.0% (n=374/3394). Hepatitis B vaccination was initiated in 53.7% (n=2233/4159) of cases. 1.4% (n=59/1459) of the attendees were referred to an emergency department for the treatment of injuries. Follow-up appointments were scheduled for 75.8% (3151/4159) of acute cases.

Certain factors were found to correlate with a higher likelihood of attending follow-up appointments: adolescents ( $p<0.0001$ ), concern about drug-facilitated sexual assault (DFSA) ( $p=0.01$ ), no consumption of recreational drugs before the incident disclosed ( $p<0.0001$ ), alcohol consumption prior to the incident disclosed ( $p=0.01$ ), and not reporting the crime to the police ( $p<0.001$ ). However, gender ( $p=0.06$ ) and the presence of injury at time of primary attendance ( $p=0.97$ ) were not predictive of follow-up attendance.

### Conclusion

Our study demonstrates that EC, chlamydia PEP, HIV PEP and Hepatitis B vaccination were administered at varying rates. A small proportion of attenders required emergency injury care. We found substantial rates of EC and PEP administration. Follow-up appointments were scheduled for the majority of attendances. Factors influencing attendance at follow-up include age, drug-use, alcohol-use and police involvement.

# DISTRIBUTION OF VAPE SHOPS AND STOCKISTS IN DUBLIN CITY IN RELATION TO MATERNITY AND PAEDIATRIC SERVICES UTILISING THE POBAL HP DEPRIVATION

Nessa Hughes

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5 Ordnance Survey Ireland

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## Abstract

**Background** Vaping is viewed by the public as a reasonable smoking cessation tool; it is endorsed in some jurisdictions by public policy, however the risks of vaping in pregnancy are uncertain.

**Aim** To ascertain the distribution of vape shops in relation to maternity services in a large urban area and to map these locations onto areas of socioeconomic advantage and disadvantage.

**Methods** We collaborated with Ordnance Survey Ireland and the HSE to develop a digital map, identifying vape shops and stockists in the Dublin metropolitan area. A structured, electronic search was carried out. Additional field work was completed in predefined areas to confirm ongoing retail activity and exclude duplicate premises. A database was collated using Excel; these were then geocoded and mapped identifying the maternity and paediatric units using geospatial mapping software.

**Results** Our search yielded 40 vape speciality shops and 127 vape stockists within the confines of the M50. Additionally, we noted that disposable vapes were sold in a variety of locations out with 'normal' retail units, ie. phone shops, pop-up shops, however these were excluded from analysis. Unsurprisingly, there is a higher density of vape shops and convenience store stockists in the city centre area. A higher proportion of vape shops and stockists are in areas of located in areas designated to have a higher HP deprivation index. These findings are represented on the digital map (Fig. 1).

**Conclusion** Access to registered Electronic nicotine delivery systems (ENDS) vendors is more pronounced in areas of higher deprivation. This may indicate a positive finding that people in these areas are switching to vaping over smoking. Or, this could be interpreted as ENDS companies attempting to capture a population already addicted to nicotine for commercial benefit. More research is needed on vaping habits in general and in pregnancy.

INFLUENZA AND COVID-19 VACCINATION IN PREGNANCY. EXPLORING ATTITUDES AND UPTAKE RATES-A PROSPECTIVE COHORT STUDY

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Abstract

Background

COVID-19 was the leading cause of maternal death in the UK in 2019-2021. Maternal mortality rates vary significantly depending on ethnic background and socioeconomic status. Vaccination against respiratory viruses such as Influenza and COVID-19 plays an important role in protecting pregnant women and their infants from adverse outcomes. However vaccine hesitancy in pregnancy remains an issue.

Objective

In this prospective study, we aimed to determine the vaccination uptake rate for influenza and COVID-19 in a pregnant population and to explore reasons why women remained unvaccinated.

Methods

A prospective cohort study was conducted over a two-week period in December 2022 in the National Maternity Hospital, Dublin. There were 588 women surveyed over the 2-week period.

Results

Overall, 377 (57%) were vaccinated that year for seasonal influenza, a significant rise from 39% in a similar study in 2016. The majority (n=488, 83%) of women reported receiving at least one COVID-19 vaccine. However only 132 (22%) received a COVID-19 vaccine in pregnancy, despite 76% (n=466) stating they would be happy to receive it. The three leading causes of vaccine hesitancy were safety concerns for their baby (11%, n=67), their own health (4%, n=26) and lack of data on the vaccine (5%, n=27). Factors such as age, obesity, co-morbidities, ethnic group, and type of antenatal care received were shown to influence vaccination rates.

Conclusion

As we distance ourselves from the height of the COVID-19 pandemic, restrictions have eased, and attitudes relaxed. However we must not become complacent, as new variants emerge and flu season approaches. We recommend that the importance of vaccination be stressed regularly to eligible patients at their antenatal clinic visits and any safety concerns addressed.

## OBESITY IN PREGNANCY – THE TRUE SCALE OF THE EPIDEMIC

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### Abstract

While rates of adult obesity are rising in the developed world, it has been difficult to specify the true scale of the problem in the obstetric population due to issues with ascertainment and use of precise denominators. Our objective was to track the prevalence of overweight and obesity amongst all pregnant patients registering for initial antenatal assessment at the largest obstetric hospital in Europe over a >10 year time period.

This hospital maintains a prospectively collected, anonymised, database of detailed demographics for all patients who register for antenatal care, including body mass index (BMI, kg/m<sup>2</sup>). We analyzed the database for incidence of BMI, using CDC categories, including overweight (BMI 25-29.9), class 1 obesity (30-34.9), class 2 obesity (35-39.9), and class 3 obesity (>40). Comparisons were made using the Cochran-Armitage Test of Trend to determine statistical significance over time.

A total of 94,171 patients registered for care and were managed at a single center over 11 years. The prevalence of raised BMI in pregnancy (BMI >25) increased by 50% from 35.7% (3,256 cases) in 2011 to 53.1% (4,905 cases) in 2021. The increase in prevalence specifically of obesity (BMI >30) was even more marked at 94%, from 11.5% (1,052 cases) in 2011 to 22.1% (2,041 cases) in 2021, while the super-obese group (BMI >40) increased by 136% from 1.0% (95 cases) in 2011 to 2.4% (224 cases) in 2021. Figure 1 demonstrates the rapid and inexorable increase in prevalence of overweight and obese BMI categories at our centre during the last 11 years.

By utilizing a detailed database from a single large obstetric hospital, we can confidently demonstrate that we are facing a veritable epidemic of overweight and obesity in pregnancy, with effectively a doubling of obesity rates. The fact that this has occurred in such a short time period, with no evidence of an amelioration in rate of growth, is a call-to-arms for all agencies to act now to combat what is likely the most important public health emergency (other than the COVID pandemic) of recent times.

RISING CAESAREAN DELIVERY RATES IN CONTEMPORARY OBSTETRIC PRACTICE -  
SUBOPTIMAL OBSTETRIC PRACTICE OR PERFECTLY JUSTIFIABLE?

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**Abstract**

The WHO has suggested that the "ideal" caesarean delivery (CD) rate should be < 15%, and that CD rates >10% are not associated with mortality reduction. Obstetricians have been criticised for rising CD rates possibly being associated with higher uterine rupture (UtRu) during VBAC attempts, and higher peripartum hysterectomy (PH) due to placenta accreta spectrum. Our objective was to quantify the association between increasing CD rate, hypoxic ischemic encephalopathy (HIE), perinatal mortality rate (PMR), UtRu, and PH at a single tertiary obstetric unit over a 20-year time period.

A prospectively maintained database of all cases of HIE, perinatal mortality, uterine rupture and peripartum hysterectomy was interrogated for the 2003-2022 time period. HIE (grades 2 or 3) and corrected perinatal mortality rates (cPMR) were expressed per 1,000 births, and excluded cases with congenital malformation. UtRu and PH rates were expressed per 1,000 mothers delivered.

Over 20 years, 163,604 mothers delivered 167,005 babies, for an average of 8,180 mothers per year. The table demonstrates a significant increase in CD from 28.2% in 2003 to 39.0% in 2022 (38% increase), and was accompanied by a highly significant reduction in cPMR from 5.2 to 3.5 per 1,000, (33% decrease), with Spearman rank correlation of -0.83 ( $p < 0.001$ ). Rates of UtRu and PH did not change significantly, at 0.00 and 0.30 per 1,000 in 2003, to 0.25 and 1.47 per 1,000 in 2022 respectively, with Spearman rank correlation of 0.33 ( $p = 0.154$ ). The rate of HIE did not change significantly, with a persistently low rate ranging from 1.47 to 1.21 per 1,000 from 2003 to 2022 respectively.

Contrary to some prior claims, the 38% increase in CD rate noted at a single unit was associated with a highly significant improvement in perinatal outcome (33% reduction in PMR, and persistently low HIE rate) but without any negative impact on uterine rupture or peripartum hysterectomy. A higher CD rate than an assumed WHO "ideal" of < 15% is in fact associated with persistently low rates of perinatal mortality and HIE.

## TERMINATION OF PREGNANCY REFERRALS TO EARLY PREGNANCY UNIT (EPU) IN ROTUNDA HOSPITAL

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### Abstract

Termination of pregnancy (TOP) is an important service that woman avail of in the community and in the hospital since 2018. There has been an increasing number of women presenting to the emergency room (ER) with complications of TOP from the community. Therefore this has increased the workload on pregnancy options clinic as well and early pregnancy unit (EPU) therefore stretching resources of respective departments.

The aim of this review was to identify the number of patients referred to the EPU after review in the ER post TOP in the community.

This was a retrospective chart review for eight week period in the Rotunda hospital. These numbers were crosschecked with the patient attendances in EPU, the biochemistry lab for beta HCG, and the consults received to the department.

471 patients were reviewed in the EPU in the eight weeks. Out of which 4.5% were identified as post TOP. 100% (n= 21) patients were seen and reviewed in the ER and subsequently referred to the EPU either for a review or for follow up of their bHCG levels.

95.2% (n=20) had a positive pregnancy test at the initial assessment. The one patient, whose pregnancy test was negative in the ER, had a serum bHCG done. 40 serum bHCG were done on 21 patients with an average of 2 per patient (range from 1-7). As per hospital policy and guidelines, all the serum bHCGs results is followed up in the EPU.

52.4% had an ultrasound (US) done in the community prior to commencing TOP. 81% had an US done in the ER, out of which 88% showed obvious RPOC or thickened endometrium. 12% had a thin endometrium and had the diagnosis of PUL.

Approximately 5% seen in the EPU are TOP patients. While this is a small number, this contributes to an increasing workload with resources remain the same within the department. A standard operating procedure needs to be created for patients so that they are reviewed appropriately and efficiently.

## USING PUBLIC AND PATIENT INVOLVEMENT ENHANCES WOMEN'S HEALTH LITERACY WITH THE ROLO FAMILY ADVISORY COMMITTEE

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### Abstract

#### Background

As the burden of non-communicable disease increases worldwide, early engagement with primary prevention via health literacy may reduce later life disease. Women's health in later reproductive years remains highly under-represented in medical literature, but is a key time point to engage women for life long improvements in health. Public and Patient Involvement (PPI) enables the research team to engage with members of the public to encourage collaboration between the participants and research team, providing a unique opportunity to empower women regarding their long term health.

#### Objective

To qualitatively assess the use of PPI to improve women's health literacy using the ROLO (Randomised cOntrol trial of a LOw glycaemic index diet in pregnancy to prevent macrosomia) longitudinal birth cohort.

#### Methods

The ROLO Family Advisory Committee was established in 2017 to engage ROLO families to improve ongoing research quality and outcomes. The ROLO families have been prospectively followed up at multiple time points up to 10 years post-pregnancy. Annual meetings of the ROLO Family Advisory Committee and the research team have occurred since 2018. Each meeting was recorded and transcribed verbatim. Transcripts from the 2020 to 2023 meetings were thematically analysed.

#### Results

Two key themes were noted, enhanced interest in health literacy, and involvement in a longitudinal cohort. Our results suggest women were keen to receive information regarding their own health and to improve their health literacy. A unique aspect of the longitudinal cohort was these meetings, which allowed women to receive "first-hand information" regarding health literacy and guide future research questions of interest in later reproductive life. This is the first time we noted a key transition where the mother is now becoming more interested in her own health.

#### Conclusion

The use of PPI has allowed women a unique opportunity to gain agency over their own health, in order to improve overall long term health.



# Medical Education & Training

## AN INNOVATIVE APPROACH TO THE PROVISION OF LAPAROSCOPIC TRAINING IN THE AFTERMATH OF A GLOBAL PANDEMIC

Colm Coyne, Courtney McMullan, Shaun McGowan, Mark McComiskey

### Abstract

#### Background

It has long been known that simulation training helps to facilitate the development of new skills and also allows us to refine the skills we already possess. To help trainees affected during the covid pandemic a “Laparoscopic Club” was created. Through the use of laparoscopic simulators a laparoscopic surgery recover programme was initiated.

#### Objective

To provide laparoscopic simulation training to trainees to bridge the gap created by the covid pandemic.

#### Study Design and Method

Using laparoscopic simulators to provide a structured approach to learning basic laparoscopic skills. Through a blended approach utilising both audio-visual presentations from experienced consultants and supervised hands on training in laparoscopic techniques we allow the trainees to develop hand eye co-ordination, instrument/tissue handling and laparoscopic suturing.

#### Results

There was a high level of engagement in this training programme. Qualitative feedback obtained showed a lack of confidence in trainees with regard to laparoscopic surgery and a desire to utilise all opportunities to gain skills in this area. Comparison of trainees level of skill prior to attending the Laparoscopic club and post showed a marked improvement in trainees perceived skill level.

#### Conclusion

There was a clear need for simulation training within our trust. Using laparoscopic simulators combined with teaching allowed the development of laparoscopic skills. Trainees showed a clear drive to utilise this opportunity and evidence shows that their confidence improved with exposure to simulation training.

## OBSTETRICIANS FREQUENTLY USE POINT OF CARE CARDIAC ULTRASOUND (POCCUS)

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### Abstract

#### Background

Point-of-care cardiac ultrasound (POCCUS) is now routinely used in intensive care, cardiac care and emergency department settings. Maternal Fetal Medicine physicians (MFMs) and obstetric anesthesiologists (OAs) already have both the equipment and experience required to perform bedside ultrasound. With limited additional training, MFMs & OAs can develop the skills for basic assessment of maternal ventricular function, pericardial or pleural effusion, or pulmonary edema during life-threatening maternal emergencies at little to no risk to the patient. This tool is of particular value in standalone maternity units with limited access to diagnostic imaging or expert consultation.

#### Objective

The aim of this study was to provide structured training to MFM and OA faculty and fellows in POCCUS and follow-up short-term outcomes.

#### Methods

A single day of both didactic and hands-on POCCUS training was provided to all MFM faculty and fellows at a tertiary centre. Surveys were provided to participants immediately pre-, post- and 3 months post course. Measured outcomes included immediate change in operator's perceived comfort with POCCUS on a 1-10 scale, and change in frequency of use in emergency situations 3 months after training.

#### Results

Eighteen MFM faculty and fellows participated in POCCUS training at our centre. Operator comfort with use of POCCUS increased by 71% post training. Three months after training, 32% of OAs and 78% of MFMs used POCCUS more frequently in emergency situations than previously.

#### Conclusion

POCCUS is a simple, low-risk tool that can be performed by obstetricians at no additional cost in maternal cardiopulmonary emergency. Access to formal structured training should be considered on all obstetric units.

## VIRTUAL REALITY (VR) TRAINING FOR POSTPARTUM UTERINE BALLOON INSERTION – A RANDOMISED CONTROL TRIAL

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The National Maternity Hospital

### Abstract

#### Background

VR provides users a unique opportunity to learn through a fully immersive setting that goes against the traditional didactic teaching methods. It may be beneficial in postgraduate medical education.

#### Objective

The primary objective of the study was to assess the value of VR in training of obstetric non-consultant hospital doctors (NCHDs) in the insertion of a postpartum balloon for management of PPH.

#### Study Design & Methods

A multi-centre randomised control trial involving NCHDs (n=40) working in obstetrics from two tertiary hospitals. Participants were assigned to an intervention group (n=19) and a control group (n=19). All participants filled in a pre-study survey assessing knowledge, experience in PPH management, confidence levels, experience of VR and thoughts on VR in medical education. The intervention group received a VR immersive tutorial whilst the control group received no teaching. Both groups were then tested on insertion of a postpartum uterine balloon in a model pelvis. NCHDs were timed and insertion technique was objectively marked, in line with manufacturer guidelines. Following insertion on the model, participants completed a survey including assessment of knowledge, confidence levels, satisfaction, side effects of VR, benefits of VR. The primary outcome was objective insertion technique of the balloon. Secondary outcomes were time taken to complete the task, improvement in knowledge and improvement in confidence levels and side effects of VR.

#### Findings/ Results

There was significantly improved insertion technique in the intervention group compared to the control.(Table1) The intervention group also completed the task in less time than the control.(Table1) Both groups scored significantly better in the MCQ post learning experience, however there was no significant difference between them.(Table1)

#### Conclusions

VR is beneficial to NCHDs for teaching insertion of a postpartum balloon. It also reduces the time that it takes NCHDs to insert postpartum balloons effectively. VR may be beneficial in other postgraduate medical education.