IRISH CONGRESS OF OBSTETRICS, GYNAECOLOGY AND PERINATAL MEDICINE 2019

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Book of Abstracts

Contents

1-POSTER (JOGS)

THE USE AND VALUE OF HIGH-FIDELITY SIMULATION IN OBSTETRIC EMERGENCY TRAINING

Claire McCarthy[1], Orfhlaith O'Sullivan[1,2], Richard Greene[1,3], Barry O'Reilly[1,4]

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Abstract

Obstetric morbidity and mortality reports have long advocated the use of simulation training to improve healthcare provider performance and outcomes in life-threatening emergencies. A number of low-fidelity simulation courses have been created to improve these outcomes, such as ALSO, MOET and PROMPT.

We describe the first two high-fidelity obstetric emergency simulation sessions for Irish obstetric trainees and present the results of candidate evaluations.

Two obstetric emergency courses were conducted in September and December 2018 for trainees in Obstetrics and Gynaecology in the ASSERT centre, University College Cork. These consisted of a series of high-fidelity simulation workshops, followed by immediate feedback to candidates. Following the workshop, an 8-item questionnaire with open and closed questions was administered to candidates.

All participants completed the questionnaire (n=34). All participants either strongly agreed 79.4% (n=27) or agreed 20.6% (n=7) that the course met their learning needs. Similarly, all agreed that the course was relevant to their needs, and would recommend the course to colleagues. The majority, 94.1% (n=32) felt strongly that the course would positively affect their future care. Participants felt it was “trainee friendly”,“realistic” and “enjoyed the simulation and feedback”. Suggestions for improvement included the provision of “more scenarios” and the sessions to be conducted “more frequently”.

These results demonstrate the value of high-fidelity simulation and provide important feedback to improve future courses. Going forward, pre- and post- scenario evaluations will demonstrate improvement in skills and knowledge for similar scenarios.

2- ORAL & POSTER (CFI)

"Sling on a String", Autologous trans-obturator mid-urethral sling in a patient with previous anti-incontinence surgery – a video presentation

Fadi-Tamas Salameh, Orfhlaith O'Sullivan, Barry O'Reilly

CUMH, Cork, Ireland

Abstract

Aim: Autologous trans-obturator mid-urethral sling placement for the treatment of stress incontinence is a relatively new technique. We present a complex case demonstrating the use of this technique in a patient with recurrent stress urinary incontinence after removal of previous tension-free vaginal tape (TVT ™) due to pain and voiding dysfunction.

Method: A 48-year-old patient presented to our unit with symptoms of stress urinary incontinence. She had previously undergone a TVT 6 months prior, which caused significant voiding dysfunction requiring intermittent self-catheterization, and subsequently had to be removed. She then went on to develop suprapubic paraesthesia and recurrence of her stress incontinence. After full investigations, she underwent a urethrolysis with further excision of mesh that was causing significant paraurethral tenderness. Following an in-depth discussion about further management of her stress incontinence and informed consent, a trans-obturator autologous sling procedure was performed along with excision of the retropubic portions of her previous TVT.

Results: The patient had an uncomplicated perioperative course, apart from mild levator muscle spasm for which she underwent physiotherapy. At her follow-up visit she reported no urinary leakage.

Conclusion: The trans-obturator autologous mid-urethral sling is a relatively new technique. It has shown favourable short-term outcomes. However, large series of cases and a longer follow-up are necessary before this procedure becomes an option in particular for patients with concerns over potential mesh-related complications.

3- POSTER (JOGS)

AN AUDIT OF LLETZ PROCEDURE IN A CORK CITY COLPOSCOPY CLINIC

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Abstract

Large loop excision of the transformation zone (LLETZ) is the gold standard for treatment of cervical intraepithelial neoplasia (CIN), a premalignant condition of the uterine cervix. Excision depths should not exceed 12mm to minimise future obstetric risk. Prognosis is determined by the presence or absence of CIN at the margin of conisation. The aim of this study is to audit the LLETZ procedure in St Finbarr's colposcopy clinic by assessing depth of excision and margin rates and comparing these with current guidelines.

A retrospective study of all LLETZ performed between January 2016 – March 2018. The following factors were analysed: age, indication for LLETZ, colposcopist seniority, disease severity, margin status, specimen dimensions and number of excisions.

694 LLETZ met criteria for inclusion in the study. The mean depth of excision was 8.57mm (SD: 4.4). 576 (83%) were ≤12mm. In total, there were 551 (79.4%) cases of CIN with 375 (68.1%) of these having high-grade dysplasia (CIN 3). Excisions were deeper when performed as a repeat LLETZ compared with first excision (mean 9.91mm versus 8.34mm, *P* = 0.001). Positive margins were found in 212 (30.5%) excisions. Deeper excisions, high grade CIN and colposcopist seniority were not found to influence margin status.

Compliance with current guidelines on the use of LLETZ is good. However, excision depths exceeded 12mm in a number of cases. Depth of excision was greater in repeat LLETZ. No predictive factors for margin involvement were identified.

4- ORAL & POSTER (CFI)

WHAT DOES YOUR PELVIC FLOOR DO FOR YOU: KNOWLEDGE OF THE PELVIC FLOOR IN FEMALE UNIVERSITY STUDENTS

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

Abstract

Pelvic floor dysfunction (PFD) is a known healthcare and economic burden. Pelvic floor muscle exercises (PFMEs) can both prevent and treat PFD. Low levels of knowledge of the pelvic floor have been associated with higher levels of PFD. Assessing the current level of knowledge in young women will inform healthcare strategies for effective management and prevention of pelvic floor dysfunction.

To assess the knowledge of the pelvic floor in female university students, including knowledge of pelvic floor structure and function, PFD and PFMEs.

An online questionnaire was distributed to students at their registered email address. Knowledge was assessed through 15 questions, allocating a score of 1 to each correct question.

938 responses were received. 72.9% (n=663) of students had never received information on the pelvic floor. 66% of respondents (n=564) said they understood what was meant by PFMEs, however 72.5% (n=621) incorrectly identified how to perform PFMEs. Of the 43.1% (n=225) who reported exercising their pelvic floor, 61% (n=225) incorrectly identified how to perform PFMEs. There was statistically significant difference ($p<0.001$) in the overall knowledge between students in the School of Medicine and Health (n=307, Mean=11.8, SD=2.35) and Other Schools (n=529, Mean=9.39, SD 2.88).

Further studies are required to improve knowledge of the pelvic floor and encourage PFMEs in young women. Low levels of knowledge of the pelvic floor levels are associated with a high prevalence of PFD. By increasing awareness of the pelvic floor and PFMEs, we can reduce symptoms of PFD and thus improve quality of life.

5- POSTER (JOGS)

AUDIT OF THE USE OF CERVICAL DILATORS, LOCAL ANAESTHETIC AND PROCEDURE FAILURE RATES IN OUTPATIENT HYSTEROSCOPY SETTING AT UNIVERSITY HOSPITAL KERRY.

Sophie Boyd, Savita Lalchandani

University Hospital Kerry, Tralee, Ireland

Abstract

Introduction

Outpatient Hysteroscopy is an established and widely used diagnostic test. It is, whether diagnostic or operative, safe, well tolerated and successful. It involves the use of endoscopic equipment to directly visualise the uterine cavity from a transcervical approach. Cervical dilation can be performed in the outpatient setting, it be a cause of pain and vasovagal response. It is recommended to use local anaesthesia to reduce the risk of vasovagal and topical anaesthetic if using an instrument i.e. tenaculum, to secure the cervix to reduce pain experienced. Outpatient hysteroscopy is advantageous as it requires no anaesthetic support, formal theatre setting or hospital beds. University Hospital Kerry (UHK) has a Consultant led service in a dedicated outpatient hysteroscopy suite adjacent to the main hospital.

Aims

To audit the use of hegar cervical dilators, local anaesthetic and procedure failure rates in outpatient hysteroscopy setting at University Hospital Kerry.

Methods

Retrospective audit that looked at anonymised data that had been collected on a secure HSE computer over a two-year period (January 2017-December 2018). Information was input at time of procedure.

Results

In one weekly, Consultant led, clinic 220 women attended for hysteroscopy. Fifty-one women were postmenopausal. Almost half (n=106) of women were in their forties and a further one third (n=70) were in their fifties. The majority of women (n=194) were multiparous, most women had at least one vaginal delivery (n=162) however thirty-one women had only had caesarean section deliveries.

6- POSTER (JOGS)

AN AUDIT OF THE OUTPATIENT HYSTEROSCOPY PATIENT SATISFACTION SURVEY IN UNIVERSITY HOSPITAL KERRY.

Sophie Boyd, Savita Lalchandani

University Hospital Kerry, Tralee, Ireland

Abstract

Introduction

Outpatient Hysteroscopy is an established and widely used diagnostic test. It is, whether diagnostic or operative, safe, well tolerated and successful. It involves the use of endoscopic equipment to directly visualise the uterine cavity from a transcervical approach. Outpatient hysteroscopy is advantageous as it requires no anaesthetic support, formal theatre setting or hospital beds. As hysteroscopy requires instrumentation of the uterus it can be associated with pain. Women may feel anxious or embarrassed undergoing outpatient procedures. This can limit the ability to complete the procedure.

Aims

To audit the outpatient hysteroscopy patient satisfaction survey performed in University Hospital Kerry.

Methods

Retrospective audit that looked at anonymised data that had been collected on a secure HSE computer over a two-year period (January 2017-December 2018). Information was input at time of presentation. Four questions were asked;

1. If they had read the information sheet sent out prior to the appointment.
2. To give a pain score 0-10.
3. To rate their overall experience.
4. Whether they would attend the outpatient hysteroscopy service again.

Results

In one weekly, Consultant led, clinic 220 women attended for hysteroscopy.

In total 213 patients underwent the procedure.

7- POSTER (JOGS)

Comparison of use of Syntocinon Vs Syntometrine in third stage of labour, for reducing the rate of primary PPH in vaginal deliveries-- Audit of Primary PPH in CGH from Jan-Dec 2018.

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Abstract

Major obstetric haemorrhage remains the most frequently reported SMM event in 2016, accounting for 53% of SMM cases. The incidence of MOH has increased from 2.34/ 1,000 in 2011 to 3.39/ 1,000 maternities in 2016, (45% increase). 58% cases in the 2003–2005 trienniums (UK) were judged to have received 'substandard care (NPEC Annual Report 2016)

Purpose of study was to evaluate the effect of use of Syntometrine in reducing the rate of PPH

Retrospective analysis of all cases of primary PPH with EBL of 500mls or above was done. From July 2019 Syntometrine 5IU I/M was used instead of Syntocinon 10IU in third stage of labour in vaginal deliveries. The use of 5IU syntocinon I/V in LSCS remained the same

Rate of PPH was 21.3% (Jan-Jun) Vs 20.3% (Jul-Dec) .Rate of Minor PPH was similar (16.4% vs 16.9%). There was a decline in the rate of moderate (3.96%-2.8%) Major (4.95% to 3.43%) as well as severe PPH (0.99% to 0.63%). Major PPH decreased in vaginal deliveries from 28.5% to 18.5%.Uterine atony decreased from 22.85% to 14.8%.PPH due to RPOC decreased from 25.7% to 11.1% .Previous history of PPH and Anaemia in pregnancy were the major antenatal risk factors.

The use of Syntometrine is associated with reduced PPH, uterine atony and RPOC. Antenatal risk factors for PPH should be identified, and syntometrine 5IU should be considered for all high risk patients.

SMM= Severe maternal morbidity

EBL = Estimated blood loss

LSCS = Lower segment caesarean section

8- ORAL & POSTER (IPNS)

ANIMATION FOR THE MECHANISM OF THE HYPOTHESIS OF TRANSFORMATION OF THE CERVIX INTO THE LOWER UTERINE SEGMENT THROUGH TYVU AND AN INVERTED U PATTERN DUE TO DIRECT AND INDIRECT UTERINE CERVICAL INTERACTION AND ITS SUBSEQUENT REVERSAL: A REVIEW

Ali Hegazy

Portiuncula University Hospital, Ballinasloe, Ireland

Abstract

The animation at youtube: https://www.youtube.com/watch?v=dyyG-Jhxr7o&t=160s

I uploaded the animation to youtube to make it accessible.

An abstract of the hypothesis had a poster presentation in ICOGPM 2017.

A comprehensive summary of the hypothesis has iposter presentation on the Royal College of Obstetricians and Gynecologist World Congress, London, June 17-19, 2019.

The preparation is underway to submit the manuscript of this animation for a peer review and the script is available on request.

9- ORAL & POSTER (IPNS)

ANIMATION FOR THE HYPOTHESIS THAT THE CERVIX DICTATES THE PREGNANCY INTERVAL AND CIRCADIAN TIMER THROUGH EXPONENTIAL UTERINE WALL TENSION WITH LIGHT DARK CYCLE MODULATION: A REVIEW

Ali Hegazy

Portiuncula University Hospital, Ballinasloe, Ireland

Abstract

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10- POSTER (JOGS)

An unusual case of HSV meningitis in a 21 year old primiparous Aboriginal woman

Patrick Harrington

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Abstract

Coxsackie or Echovirus groups of enteroviruses are the most common cause of viral meningitis. Most infections produce minimal and vague symptoms but may also cause gastrointestinal upsets/severe headache. Herpes Simplex Virus is a less common cause meningitis and is more often lined to HSV-2 (a cause of genital herpes).

I discuss the background, presentation, management and outcome of this unusual clinical scenario in an indigenous woman in the third trimester.

A 21-year-old client presented with fronto-temporal headache with associated photophobia and neck stiffness at 32 weeks gestation. She reported a 48-hour history of headache with nil improvement with paracetamol or hydration. Her past medical history included borderline schizophrenia (unmedicated) while her obstetric history included a first trimester miscarriage. Her antenatal course was notable for 13 reported outbreaks of HSV2, with the first outbreak occurring at approximately 8 weeks gestation– she was not taking any suppressive therapy. CT brain was performed, however invasive investigations were delayed due to the client's pregnant status. Lumbar puncture was eventually performed with white cell count 125 (PMN 97%, monocytes 3%), no organism identified, glucose 2.7, and protein .5. She was initially treated with high dose intravenous antibiotics however further analysis revealed HSV II on CSF PCR and she was commenced on IV acyclovir.

She underwent an elective caesarean section at term for recurrent HSV and IUGR. The neonate was treated prophylactically with antivirals, however swabs were negative for HSV

11- POSTER (JOGS)

The uncommon pathological finding of periappendicitis found at laparoscopy for benign gynaecological disease

Patrick Harrington

The Rotunda Hospital, Dublin, Ireland

Abstract

Objective

To describe the uncommon pathological finding of periappendicitis found at laparoscopy for benign gynaecological disease.

Design/Method

I discuss the finding of periappendicitis in an asymptomatic woman undergoing total laparoscopic hysterectomy for benign disease. I illustrate the clinical manifestation and management of a case with this uncommon presentation.

Results

At laparoscopy an inflamed appendix and multiple adhesions were encountered. Histopathological examination revealed luminal inflammatory exudate without evidence of inflammatory infiltration involving the mucosa or muscle layer, suggesting the excudate originated from elsewhere in the bowel.

Discussion

Serosal inflammation of the appendix without mucosal involvement constitutes the condition known as periappendicitis. It is a rare benign pathology, diagnosis is difficult and carries high morbidity. It is due to extra-appendicular pathologies resulting in serosal inflammation of the appendix with salpingitis (pelvic inflammatory disease, typhoid enteritis), peritoneal tuberculosis, inflammatory bowel disease and amoebiasis postulated as causative entities. There are however a number of cases where the inflammatory source remains undiagnosed.

12- POSTER (JOGS)

A novel tool for management of acute uterine inversion; Is it time to start adapting "The Daisy Method"?

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[1]The Rotunda Hospital, Dublin, Ireland. [2]Coffs Harbour Hospital, Coffs Harbour, Australia

Abstract

We discuss the management of 2 cases of uterine inversion (third degree and fourth degree) with a novel device – "The Daisy Method"- at a regional hospital. We describe the components of the tool as well as its method of use.

The Daisy method uses a simple instrument created with gauze forceps, gauze, plastic and lubricant. A 29-year-old healthy primigravida delivered a 3455g infant in a regional centre. Prenatal ultrasound examinations were unremarkable showing no uterine or foetal anomalies and the placenta was located anteriorly with no sonographic evidence of morbid adherence. The third stage of labour was complicated by uterine inversion with associated pain and haemorrhage of 1.5-2L of blood. In the second case fourth degree prolapse occurred and there was an estimated blood loss of 4L. The uterus was replaced using the Daisy method and the client received 8 units of PRBC, 10 units of cryoprecipitate and 4 units of FFP before transfer to ICU. In both cases we believe the Daisy method was a life saving procedure.

Use of this novel device can avoid surgical intervention such as Huntington's Procedure and Hultain's Technique as well as operative complications/sequelae. It is an important invention that can reduce the morbidity and indeed mortality associated with this rare but life threatening diagnosis.

13- POSTER (JOGS)

Severe hydropnephrosis requiring ureteral stenting in a multiparous parturient

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Abstract

A 32-year-old multiparous woman presented at 25 weeks gestation with worsening flank pain, dysuria and haematuria in the setting of known hydronephrosis. There was no evidence of renal impairment, while her liver function, inflammatory markers and electrolytes were stable. At 22 weeks she had been found to have marked right sided hydronephrosis with extrarenal pelvis measurements of 6cm in the absence of a renal stone and MRI abdomen had confirmed this diagnosis. Given her worsening symptoms the decision was made for cystoscopy, pyeloscopy and bilateral ureteric stenting with low dose image intensifier. Congenital pelviureteric junction (**PUJ**) obstruction/stenosis worsened by pregnancy was noted on the right which required multilength stenting. On the left an extremely stenosed vesicoureteral junction (**VUJ**) was noted and also required insertion of a ureteric stent.

Flank pain and renal colic is one of the most common reasons for hospital admission during the antenatal period and can often be mistaken for other pathologies such as appendicitis or placental abruption. While physiological hydronephrosis is exceedingly common, it rarely needs surgical intervention and there can be a delay to treat surgically due to fear of complications. Ureteric stenting has been proven to be an effective and safe treatment in pregnancy. In this scenario it offered excellent symptomatic relief and had no adverse operative sequelae.

14- POSTER (ISGO)

MEDICAL STUDENTS ATTITUDES TO THE TEACHING OF CERVICAL AND OVARIAN CANCER SCREENING PROTOCOLS IN IRELAND

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[1]UCD School of Medicine, Dublin, Ireland. [2]University College Dublin, Dublin, Ireland. [3]UCD Perinatal Research Centre, Dublin, Ireland. [4]National Maternity Hospital, Dublin, Ireland. [5]Gynae-oncology Surgery, Mater Misercordiae Hospital, Dublin, Ireland

Abstract

Screening programmes have been shown to decrease the incidence of cancers from colorectal cancer to cervical cancer. As such, it is imperative that medical health professionals are educated on the screening programmes available and are aware of the research basis justifying them.

This study aimed to establish the attitudes of final year medical students on a gynaecological cancer screening teaching which was provided as part of their core Obstetrics and Gynaecology module.

A single three hour workshop aimed to critically appraise research papers reviewing cervical and ovarian cancer screening methods. The workshop was facilitated by a Consultant in Gynae-oncology Surgery. Feedback was requested from two hundred and nine students attending during the 2018/9 academic year. Qualitative research with thematic analysis of content was performed.

One hundred and fifty six students gave feedback (74.6%). The overwhelming theme was positive towards the subject matter, with students stating a wish for further teaching on cancer screening. It was also found that they felt, given the topical nature of the subject, it was underrepresented in general throughout the module. A strong recommendation was a wish for further teaching of critical appraisal of research in medical programmes.

Medical students expressed a wish to understand the research basis of a common clinical screening programme (for cervical cancer) as well as the research basis for not providing screening to low risk populations (for ovarian cancer). Further research in this area may include exploring what is taught in other medical curriculums in the Republic of Ireland.

15- POSTER (JOGS)

Embolization of hepatic adenoma in late pregnancy – A Case Report

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University Hospital Waterford, Waterford, Ireland

Abstract

Hepatocellular adenoma is a rare benign tumour in young women. It requires vigilant monitoring especially when diagnosed in pregnancy. Tumour growth and rupture are enhanced by pregnancy hormones and rich blood supply.

Diagnosis usually based on history, clinical examination, lab investigations, imaging. Management is dependent on the tumour size and the clinical situation.

The case presents a pregnant woman diagnosed with multiple hepatic adenoma at 28 weeks who was successfully treated with hepatic artery embolization.

A 33 year old, gravida three para two, presented at 28 weeks pregnancy with right upper quadrant and loin pain. The examination was unremarkable other than a temperature of 38.6 degree Celsius. The background history includes gestational Diabetes Miletus on diet control. Bloods showed abnormal liver function tests and therefore imaginings in the form of ultrasound abdomen and CT abdomen were ordered. They were consistant with multiple hepatic adenoma of 7.7*9.8*9.2 cm with evidence of haemorrhage.

She was transferred to St.Vincent's hepatic unit where she had hepatic artery embolization with interventional radiology. Currently she is being managed by a multi disciplinary team including obstetrician, hepatobilliary surgeons and radiologists.

Up to our knowledge this is one of the few reported cases of a hepatic adenoma managed with hepatic artery embolization in pregnancy. The increased vascularity during pregnancy was a participating factor for the bleed in the adenomas. Vaginal delivery will be challenging as this increases her risks of further bleeding and rupture therefore risk assessment is highly needed when decision regarding mode of delivery approaches.

16- POSTER (JOGS)

Induction of labour in primigravidae patients: Prostaglandin compared to Propess

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Abstract

Induction of labour is associated with a high caesarean section (CS) rate. Methods to increase vaginal delivery are of clinical importance to reduce maternal and neonatal morbidity associated with emergency CS. Propess was introduced in our unit in November 2018 to replace prostaglandin gel.

To compare delivery outcomes in induction of Propess and Prostaglandin.

Patients were identified from the electronic records and charts were reviewed. Patients charts were reviewed and data on patient demographics, parity, indication for induction, length of induction, delivery outcome and neonatal details were collected.

124 primigravidae patients were included; 62 received prostaglandin and 62 Propess as first line method of induction. There was no difference in patient demographics between the groups, with the most frequent indication for induction being post dates in both groups. In the Propess group, 26% required a further prostaglandin gel. There was a significant increase in the overall vaginal delivery rate from 53%(n=33) to 69% (n=43), with a subsequent reduction in the overall caesarean section (CS) rate from 47%(n=29) to 31% (n=19)(p=0.001) following introduction of propess in primigravidae patients. The average length of induction was 35.5 hours (6 – 80) in the propess group compared to 26.6 hours (4 – 45) in the prostaglandin group. No significant issues with administration or adverse maternal side effects were reported. No neonatal morbidity was recorded, with no neonatal unit admissions.

Propess is a safe and effective method of induction which increases the vaginal delivery rate, however it increases the length of time of induction.

17- ORAL & POSTER (IPNS)

Fetal growth trajectories and their association with maternal, cord blood and 5 year child adipokines

Helena Bartels[1], Aisling A Geraghty[1], Eileen C O'Brien[1], Ricardo Segurado[2], John Mehegan[1], Ciara McDonnell[3], Fionnuala McAuliffe[1]

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Abstract

The growth of the fetus is a complex process influenced by multiple factors.

To compare fetal growth trajectories with biochemical growth markers from maternal and cord blood samples at birth and 5 years from mother-infant pairs who were part of the ROLO study, a randomized control trial of a low GI diet in pregnancy.

781 mother-infant pairs were included. Ultrasound measurements and birth weight were used to develop fetal growth trajectories. Blood serum levels of leptin, adiponectin, IGF-1, TNF-alpha and IL-6 from maternal, cord, and 5 year child samples were recorded.

2 fetal growth trajectories were identified – abdominal circumference (AC) and estimated fetal weight (EFW). For AC, two fetal growth trajectories were identified, 29% of participants on a 'slow' and 71% on a 'fast' trajectory. For EFW, four trajectories were identified, 4% on a 'very-slow', 63% on a 'moderate-slow' , 30% on a 'moderate-fast' and 3% on a 'very-fast' trajectory. Male sex was associated with a faster trajectory compared to females (p=0.001). At 28 weeks maternal leptin levels were significantly higher in mothers with a fetus on a slow trajectory (25616 vs 17905, p=0.0001), with no other significant differences. In cord blood, fetus's on the slow AC trajectory had a higher Il-6 compared to a fast trajectory (551 vs 73, p = 0.02). At 5 years of age, no differences were found in levels of leptin or adiponectin.

This study shows that specific fetal growth trajectories may be associated with maternal and cord blood levels of biochemical growth indicators.

18- POSTER (JOGS)

UNUSUAL CAUSE OF HEADACHE IN PREGNANCY

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Abstract

A 34-year old woman in her first pregnancy at 40 weeks and 6 days gestation presented to the emergency department with a severe frontal headache and blurred vision of one day duration. The antenatal period was uneventful. There was a family history of aneurysm and stroke. On examination she was in pain and her vitals were stable. She was admitted for evaluation and blood was sent for full blood count, serum electrolytes, renal and liver function tests. The woman was seen by a medical team and advised for CT brain. CT showed Supratentorial ventriculomegaly and hypodense tumour process in lamina tecti extending into Sylvian aqueduct and proximal part of the fourth ventricle. The case was discussed with the neurosurgical team. An MRI showed moderate enlargement of third and lateral ventricles and a lesion in the region of the tectal plate with increased signal intensity on T1. Findings suggested that was not an acute process. The following morning an elective caesarean section was performed under GA, a live male baby was delivered in good condition.

Postnatal period was uneventful and she was discharged on the 4th postoperative day and planned to follow up with the neurosurgical department. Postnatal imaging revealed a non-enhancing left upper posterior mid brain lesion consistent with a low grade glioma.

Chronic hydrocephalus doesn't require urgent intervention and will be discussed at neuro-oncology MDT, review in the clinic in the coming weeks. This case highlights the importance of multi-disciplinary decision-making in the management of these complex cases.

19- POSTER (JOGS)

INDUCTION OF LABOUR PATIENT EXPERIENCE

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Abstract

The frequency of induction of labour (IOL) is increasing. Prostaglandin (PGE) has been the longstanding preferred method of IOL. More options are available; including cervical ripening balloons (CRB) that could reduce hyperstimulaiton rates and improve patient experience.

The aim of this study was to identify alternative methods of IOL to improve patient experience.

An initial audit of PGE IOL was carried out including hyperstimulation rates and delivery outcomes. The CRB was introduced as an alternative IOL method and a follow up audit of CRB outcomes was completed. All patients at the end of the IOL process completed a patient experience questionnaire before being transferred to the labour ward.

60 patients received PGE and 80% received adequate information, 23% had a delay in insertion, 75% reported pain (38% mild, 32% moderate, 5% severe), 12% had PGE removed due to pain, 13% reported bleeding, 75% would recommend, and mean satisfaction score was 7/10. 14 patients received CRB IOL and 57% received adequate information, 50% had delay in insertion, 57% reported pain (mild 43%, moderate 14%), 0% removed, 29% reported bleeding, 79% would recommend, mean satisfaction was 9/10. No hyperstimulation was identified with CRB IOL.

CRB patients reported less pain and completed the IOL process without removal. However, they reported more bleeding. They were more likely to recommend CRB and had a higher satisfaction score with no evidence of hyperstimulation. Improvements could be made in patient education and staff training to reduce delays.

20- POSTER (JOGS)

Smoking habits and prevalence of illicit tobacco use among Irish pregnant women: a qualitative study.

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Abstract

Objective: Smoking during pregnancy is associated with adverse maternal and fetal outcomes. Successive tobacco taxation increases have led to a rise in the use of illicit tobacco. The purpose of this study was to explore the purchasing habits of pregnant smokers with regard to tobacco expenditure and use of illicit tobacco.

Study Design: Face to face interviews were conducted with 40 attendees (age range 28-42yrs; mean age 28yrs) of a smoking cessation antenatal clinic in a large Irish tertiary level maternity hospital. Information regarding smoking habits, quantity of tobacco smoked and location of purchase of tobacco was collected in tandem with socioeconomic details. Tobacco products were examined to establish if they were purchased from legitimate sources. If unable to present, the women self-reported on their last tobacco purchase.

Results: 70% were in employment whilst 30% were unemployed or did not work outside the home. Almost half of the employed women were classed as low socioeconomic group. Of those interviewed, 82.5% smoked cigarettes and 17.5% smoked rolling tobacco. Despite a significant proportion of low income or unemployment, the use of illicit tobacco was rare, with only one woman indicating purchase of illicit tobacco.

Conclusion: To our knowledge, this is the first qualitative survey of illicit tobacco use in pregnant women. Most pregnant women in our study purchased their tobacco legally. Therefore weekly expenditure on tobacco products is a significant burden on these low income women. Smoking cessation would deliver significant financial gains in addition to health benefits.

21- ORAL & POSTER (JOGS)

Electronic cigarettes and obstetric outcomes: a prospective observational study.

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[1]Coombe Women and Infants University Hospital, Dublin, Ireland. [2]Royal College of Surgeons in Ireland, Dublin, Ireland

Abstract

Purpose of study:

To measure the obstetric outcomes and sociodemographic background of pregnant electronic cigarette (EC) users in comparison to cigarette smokers and non-smokers.

Study design:

Prospective observational cohort study in a a large urban maternity hospital delivering over 8000 infants per year.

Methods:

EC users were prospectively identified and assessed by trained midwives using a standardised questionnaire. Maternal and neonatal outcomes were compared to pregnant smokers and non-smokers. Women who self-reported exclusive EC use were included in the final analysis. The main outcome measures were infant birth weight, gestation at delivery, and incidence of low birth weight.

Results:

240 women had a history of exclusive EC use. EC users were of lower parity and were of a higher socioeconomic status than smokers. Logistic regression analysis was used to control for potential confounders. Infants born to EC users had a mean birth weight of 3470g (+/-555g), which was similar to non-smokers (3471g +/-504g, p=0.97) and significantly greater than that of smokers (3166g +/-502g, p<0.001). The mean birth centile of EC users was similar to non-smokers (51st centile vs. 47th centile, p=0.28) and significantly greater than that of smokers (27th centile, p<0.001). Gestation at delivery was similar in all three groups.

Conclusion:

EC users are a distinct socioeconomic group. Birthweight of infants born to EC users appears to be similar to that of non-smokers.

22- ORAL & POSTER (JOGS)

Calculating blood loss in an obstetric population

Helena Bartels[1], Simon Craven[1], Karen Mulligan[1], Sarah Mone[1], Roger McMorrow[1], Siaghal McColgan[1], Donal Brennan[1,2]

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

Abstract

Estimated blood loss in obstetric patients is often underestimated and there is currently no gold standard objective approach that accurately calculates blood loss during an obstetric hemorrhage. The purpose of this study is to review existing formulas that calculate indirect blood loss and to apply them to an obstetric population.

A literature search was performed to identify formulas used to indirectly calculate blood loss (CBL). CBL was calculated based on 6 formulas and the Intraclass Correlation Coefficient (ICC) calculated to assess agreement between the formulas. Data on patient demographics, obstetric history, mode of delivery, estimated blood loss (EBL), transfusion requirements, laboratory parameters was collected.

111 patients were included with a variety of risk factors for post partum hemorrhage. The mean EBL in the entire cohort was 1462.6 ± 1379.0mL and the mean number of red cells (RCC) transfused for the entire cohort was 0.89 ± 1.7. We found high agreement between the formulas with an ICC for all patients of 0.976 (95% CI 0.968 – 0.982; $p<0.001$). The highest agreement was in patients with placenta accreta spectrum (PAS) with an ICC of 0.966 (95% CI = 0.930 – 0.986; $p<0.001$) and placenta previa, who had an ICC of 0.953 (95% CI = 0.911 – 0.979; $p<0.001$).

CBL is more accurate in cases where significant hemorrhage is anticipated such as in PAS. The use of formulas which take into account both anthropometric and laboratory measures may be clinically useful, while allowing for more meaningful comparisons to be made to evaluate interventions aimed at reducing blood loss.

23- POSTER (JOGS)

Zoon's Vulvitis - A Case Report

Sarah Murphy, Asish Das

Wexford General Hospital, Wexford, Ireland

Abstract

Background:

Zoon's vulvitis or plasma cell vulvitis (PCV) is a rare, benign inflammatory condition of the vulvar mucosa[1]. PCV can present with an asymptomatic lesion, or can cause discomfort, dyspareunia and pruritus[2].

Purpose of Study:

Due to the rarity of this condition, incidence is not well documented and treatment is based on previous case studies. No RCTs exist to investigate optimum management, nor do management guidelines. Most case studies report using topical steroids[3], however some trialled immunological therapies, namely tacrolimus[4]. Further case studies of this rare condition may improve treatment and management.

Study Design:

Retrospective review of patient's chart and histology results.

Findings – Case:

This is the case of a 60y menopausal lady. She was referred to the GOPD, with a history of vulval discomfort. On examination, a small area of ulceration was observed on the left labia, measuring 10x10x10mm. Biopsy showed; focal spongiosis of the epidermis, lymphocytic and neutrophilic exocytosis with mixed inflammatory cell infiltration of the underlying dermis - in keeping with a diagnosis of PCV.

Our patient was treated with topical 2% hydrocortisone cream and discharged from the gynaecology outpatient clinic. She was asymptomatic on discharge.

Discussion:

Pathophysiology is not yet understood, however the condition is thought to be idiopathic[4]. Diagnosis is histological, with plasma cell infiltrate being predominant[1]. While the clinical presentation and diagnosis of plasma cell vulvitis is well described across case studies, optimum treatment has not yet been defined. Further case studies of this rare condition may improve treatment and management of same.

24- POSTER (JOGS)

A Rare Case of Umbilical Artery Thrombosis

Sarah Murphy, Trevor Hayes

St. Luke's Kilkenny, Kilkenny, Ireland

Abstract

Background:

Umbilical artery thrombosis is a rare antenatal event, with an incidence of 3 in 10,000 pregnancies. It is associated with significant perinatal morbidity and mortality, including intra-uterine growth restriction and fetal demise. There are often additional cord abnormalities, including cord knots, hypercoiling and velamentous insertion.

Purpose of Study:

To document the potential antenatal signs of umbilical artery thrombosis, by form of case report.

Study Design:

Retrospective review of patient's chart and pathology results.

Case Presentation:

This is the case a 37y/o lady, who presented at 36+5 for antenatal steroids, following a diagnosis of a symmetrically small for gestational age fetus from 29+5. On admission a CTG was performed, which showed multiple, prolonged and unprovoked decelerations . A cat 2 LSCS was then performed.

A live male infant was delivered, vigorous at birth and 2100g in weight. Macroscopic placental and cord abnormalities were visualised - the placenta was noticeably small, with various macroscopic infarcts. The umbilical cord was noted to be hypercoiled with a true knot present. Both were sent to histology for further analysis. Multiple macro- and microscopic placental infarcts were found. Most interestingly however, a thrombus was found in one of the umbilical arteries.

Discussion:

Umbilical artery thrombosis is a rare, but potentially fatal event. This case of thrombosis was likely secondary to blood flow stasis, secondary to hypercoiing and cord knots. It is possible to diagnose umbilical artery thrombosis on antenatal ultrasound examination, therefore pregnancies with small for gestational age foetuses, should be assessed for U. artery thrombosis.

25- POSTER (ISGO)

HPV vaccine - The Gender Gap. A questionnaire based study, assessing knowledge and vaccine acceptability in an Irish general hospital.

Sarah Murphy, Asish Das

Wexford General Hospital, Wexford, Ireland

Abstract

Background

From September 2019, the quadrivalent HPV vaccine is offered to both boys and girls in school, following previously being offered to girls alone since 2010. The vaccine has faced controversy, which led to a stark decrease in its uptake. However, as of 2019 uptake amongst females is back to 70%, from the nadir of 50%. Figures amongst males will follow and will hopefully reflect their female counterparts.

Purpose

We know that knowledge aids in vaccine acceptability, and as such we aimed to assess women's knowledge of HPV, the vaccine and if they deemed it acceptable for males.

Methods

A sample of women attending gynaecology clinics in Wexford General Hospital were asked to anonymously complete a 22Q questionnaire. This questionnaire was based on similar validated questionnaires. Participants were included if female and over the age of 16y.

Results

We collected results from n=100 women. Over ¼ of responders (n=26) had never heard of the vaccine. Of this subgroup *all* women responded 'I don't know' when asked if they think boys and girls should receive the vaccine

Of the women who had heard of the vaccine (n=74) , 85% believed girls should receive the vaccine, while only 56% believed boys should.

Discussion

Our study highlights the ongoing lack of knowledge surrounding HPV and the vaccine and the importance of knowledge for vaccine acceptability. It also highlighted that vaccination is less acceptable for males within our population. As such we would recommend increasing the education directed towards males, with the vaccination schedule.

26- ORAL & POSTER (JOGS)

PROVIDING A "SAFE ENVIRONMENT AND DIFFICULT DISCUSSIONS FACILITATED WITH RESPECT AND COMPASSION" –EVALUATION OF A VALUES CLARIFICATION WORKSHOP WITHIN THE REPUBLIC OF IRELAND

Sarah Kelly[1], Jennifer Donnelly[2], Fiona Hanrahan[3], Maeve Eogan[2], Mary Higgins[4]

[1]University College Dublin, Dublin, Ireland. [2]Obstetrics and Gynaecology, Rotunda Hospital, Dublin, Ireland. [3]Midwifery, Rotunda Hospital, Dublin, Ireland. [4]UCD Perinatal Research Centre, National Maternity Hospital, Dublin, Ireland

Abstract

The World Health Organization (WHO) recommends the use of values clarification workshops as an integral part of training for abortion providers. This provides an opportunity for staff to assess their attitudes and beliefs regarding issues surrounding abortion. It also aims to provide factual information and thus help to reduce stigma.

The aim of this study was to assess the benefit of the values clarification workshop to staff in the Republic of Ireland, shortly following the introduction of an extended abortion service.

Two four-hour workshops were held in May and June 2019. Forty-nine staff members from across Ireland attended. The workshops were facilitated by senior local clinicians. A feedback form was provided on completion of the session and data was analysed using a mixed methods approach.

94% of participants rated the discussion as excellent. 100% felt that sufficient time was given for each topic. Six themes were identified: the essential need, appreciation for a respectful approach, gratitude, importance of personal reflection, learning from diversity of experiences, and ideas for improvement. These themes highlight how important it is for staff to have an open discussion in a safe space on this still very controversial and dividing topic. The diverse range of personal/workplace experiences across disciplines added to the discussion.

This study revealed an overwhelming sense of gratitude and importance for the staff to be able to delineate their own beliefs and attitudes on abortion, voice their thoughts or concerns and be listened to in a supportive environment.

27- POSTER (JOGS)

Efficacy of Ferinject in reducing blood transfusion in post-partum women

Dr. Sadhbh Lee, Dr. Consol Plans, Dr. Mendinaro Imcha

University Maternity Hospital, Limerick, Ireland

Abstract

Background

Post-partum anaemia is a common complication in the puerperium. Intravenous iron replacement is cheaper and poses less risk of adverse effects in comparison to red cell transfusion. Ferinject has been shown to be efficacious for the treatment of iron-deficiency anaemia in the post-partum period (1).

Purpose of Study

- To assess the rate of transfusion in postnatal patients
- To assess the use of Ferinject in postnatal patients
- To assess if Ferinject may play a role in reducing red cell transfusion

Study Design

This was a single-centre retrospective audit conducted over a two month period. Data was collected from ward records, blood bank records, the hospital laboratory system and medical records.

Results

In a total of 43 patients, 39% were treated with blood transfusion, 42% were treated with Ferinject and 19% had combined treatment of both.

The average pre-transfusion Hb was 7.85. The average Hb value before Ferinject administration was 8.59. In patients having more than one unit of RCC transfused, Hb was checked after one unit of RCC for only 16% of cases. 66% of these had further units of RCC transfused with a Hb of >7.5g/dL.

Conclusion

Overall, the rate of Ferinject administration was higher than the transfusion rate. The majority of patients treated with Ferinject did not go on to have RCC transfusion, suggesting a role for Ferinject in reducing transfusion rates. Those receiving RCC transfusion should have a Hb check after each unit.

References

1: Ferinject Product Information/SmPC AU E13 (CCDS 7), April 2011.

28- POSTER (JOGS)

Women Under The Weather: How Climate Change Affects Women's Health

Dr. Sadhbh Lee

University College Hospital Galway, Galway, Ireland

Abstract

The WHO has identified climate change as the greatest threat to global health of the 21st century.

As recognised in the 2015 Paris Agreement (1), climate change has a disproportionate effect on women – thus, it follows that it will have a disproportionate effect on women's health.

My presentation will introduce the concept of planetary health; how our environment is changing and how this affects our health. Within this area, it will focus specfically on how women's health is affected, in particular their sexual and reproductive health. It will discuss the effects of climate change on pregnancy; from poor air quality being linked to complications like low birth weight, to the spread in vector-borne diseases, which will have direct effects upon pregnancy, such as malaria and zika virus. Outside of pregnancy, it will look at how disruption to water supplies from extreme precipitation events affects menstrual hygiene, and the reports of increased rates of rape and gender-based violence seen in the wake of natural disasters.

It will also explore the controversial topic of the role of family planning as a solution to climate change. Through ensuring access to contraception, and thereby recognising women's autonomy and sexual health rights, could we reduce environmental stress and positively impact climate change?

Women have a crucial role to play as educators and implementors of change in this area, and they cannot do this if their health needs are not addressed.

References:

1: Paris Agreement, United Nations Framework on Climate Change, December 2015.

29- ORAL & POSTER (JOGS)

Women Under The Weather: How Climate Change Affects Women's Health

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Women have a crucial role to play as educators and implementors of change in this area, and they cannot do this if their health needs are not addressed.

References:

1: Paris Agreement, United Nations Framework on Climate Change, December 2015.

30- ORAL & POSTER (IPNS)

RED FLAG REFERRALS TO COLPOSCOPY IN THE BELFAST HEALTH AND SOCIAL CARE TRUST-APPROPRIATE OR NOT?

Charlotte McAfee, Hans Nagar

Belfast City Hospital, Belfast, United Kingdom

Abstract

The aim of the study was to identify the number of red flag referrals to the Colposcopy service in the Belfast Trust. The source of, and clinical indication for referral, were identified, to determine if there is appropriate use of the red-flag pathway, as per the NHS Cervical Screening Programme document 20.

A retrospective data collection of red flag referrals over a 4 month period (July-November 2018). 37 patients were identified. A predesigned audit proforma was completed by reviewing the patient's referral letter, smear results and colposcopy findings. These results were then correlated to identify the source and reason for referral, as well as patient outcomes.

Thirty seven patients were included. 35 referrals from the primary care provider; two triggered by cytology result. 24 referred for abnormal/suspicious appearance of cervix, eight due to symptoms of post-coital or intermenstrual bleeding, two referred following borderline smear result, one from incidental CT finding, two triggered by cytology results. Overall there was a 3% (one patient) cervical carcinoma detection rate. 30 patients had no malignant or premalignant conditions, four patients had CIN I – CIN III. Two patients did not attend for review.

Overall, 86.5% of patients were inappropriately referred as red flag to colposcopy. As a result, patients with known existing premalignant disease are waiting longer for review in order to facilitate red flag referrals. The findings from the study have been used on a local education day for primary care providers with the aim of directing patients to the most appropriate service.

31- ORAL & POSTER (IPNS)

PLACENTAL HISTOLOGICAL FINDINGS IN A COHORT OF VERY LOW BIRTH WEIGHT (VLBW) INFANTS. A COMPARATIVE RETROSPECTIVE REVIEW

Sean Kelleher, EE Mooney, Anne Twomey

National Maternity Hospital, Dublin, Ireland

Abstract

Preterm delivery (PTD) is a leading cause of perinatal morbidity and mortality. It is associated with inflammation of the chorioamniotic membranes and with malperfusion in the maternal and foetal vascular circulations of the placental parenchyma.

To assess the frequency with which placental lesions occurred in VLBW infants and to ascertain whether certain lesions occur more frequently depending on the circumstances surrounding PTD.

We retrospectively reviewed all infant/mother pairs born at our institution in 2018 who delivered at ≤29 weeks and/or with a birth weight of ≤1500g. Deliveries were characterised as either spontaneous; which included preterm labour (PTL) and preterm premature rupture of membranes (PPROM); or iatrogenic; performed in the maternal or foetal interest. Placental histology was analysed for the presence of chorioamnionitis and/or parenchymal lesions i.e. maternal vascular malperfusion (MVM), foetal vascular malperfusion (FVM) and villitis.

Overall 96 patients were included. Chorioamnionitis was far more likely to occur in spontaneous deliveries than iatrogenic (61% vs 7%, $p<0.05$) with the highest rate in deliveries preceded by PPROM (66%). There was a high overall rate of parenchymal abnormalities (64.5%) with MVM being the most common (57% of all cases). While MVM was more likely to occur in iatrogenic deliveries, it was frequently also found in spontaneous deliveries (83% vs 37%, $p<0.05$).

Our review supports the hypothesis that there are common pathological processes at placental level that result in PTD. A better understanding of these processes may allow for future therapeutic intervention.

32- POSTER (JOGS)

Childbirth in Ireland's Capital City over Sixty Years

Gillian Corbett, Chris Fitzpatrick, Sean Daly, Michael Turner, Sharon Sheehan, Nadine Farah

Coombe Women and Infants University Hospital, Dublin, Ireland

Abstract

Background:

Ireland has changed over the past sixty years and the dynamic practice of Obstetrics and Gynaecology has changed with it.

Methods:

To describe these changes, a review was performed of clinical reports of a tertiary referral teaching hospital over six decades.

Results:

Since the 1960s, the hospital's deliveries per annum has risen (3050 to 8362 births). Teenage pregnancy is less common (4.7% to 2.0%, p<0.001), with more women over age 40 at booking (2.6% to 6.4%, P<0.001). There are now more multiple pregnancies(1.8% to 4.1%, p<0.001) and less grand-multiparous women (10.1% to 1.3%, p<0.001). Eclampsia is less frequent (0.18% to 0.02%, p=0.003), with a stable rate of Pre-Eclampsia (3.8% to 3.0%, p=0.03). Induction of Labour increased considerably (8.8% to 32.1%, p<0.001). While the instrumental delivery rate rose overall, the instrument of choice has changed from Forceps (11.3% to 5.4%, p=0.001) to Ventouse delivery (0.6% to 9.1%, p=0.001). The Caesarean Section rate rose (5.9% to 29.7%, p<0.001), Vaginal Birth After Caesarean Section rate dropped (90.4% to 28.2%, p<0.001), without significant change in rate of uterine rupture (0.4 to 0.7, p=0.1). The Perinatal Mortality Rate improved (48.5 to 5.4 per 1000 live births, p<0.001). Preterm birth rate rose (4.9% to 6.6%, p=0.001). Fetal Macrosomia decreased in this time (2.5 to 1.7%, p=0.007), despite a rise in incidence of gestational diabetes mellitus.

Conclusion and Programme Implications: This study provides an intriguing glimpse into the changes in the practice of obstetrics and demonstrates how it adapts to the population it serves.

33- ORAL & POSTER (JOGS)

ANALYSIS OF IRISH INQUIRY REPORTS RELATING TO PREGNANCY LOSS SERVICES (2005 – 2018)

Änne Helps[1,2,3], Sara Leitao[2], Laura O'Byrne[1], Richard Greene[2], Keelin O'Donoghue[1,3]

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

Abstract

External inquiries are carried out following significant adverse maternal/perinatal events of public concern, sometimes as a consequence of negative media reporting of occurrences. External inquiries aim to identify issues in the maternity care provided and make recommendations to improve the standard of care. Timely, well-executed inquiries can provide essential learning to the hospital(s), information for patients and the general public.

Ten publically-available national inquiry reports published between 2005-2018 regarding perinatal deaths and pregnancy loss services, were reviewed by 2 clinicians, separately using a structured review tool. We examined the structure, content and recommendations of these reports, to identify standardised inquiry procedures, and highlight recurring issues/recommendations in the reports.

Half of the reports explained the inquiry methodology used. International/national guidelines were used as reference standards in 6 reports (60%). The inquiry team was multi-disciplinary in 5 reports (4-14 people). Five inquiries (50%) clearly stated that affected families were involved and four (40%) involved affected clinical staff. Comments on good aspects of care were made in 40% of reports. Recommendations (258 in total) were made in 9 reports. In at least 90% of reports, recommendations included: increasing workforce staffing and/or training, strengthening clinical governance, enhancing adverse incident management and comprehensive data collection.

Developing a systematic structure for inquiry methodologies and reports would be beneficial to the inquiry process, and encourage completion of the investigation cycle. A collaborative process involving and supporting all patients, affected staff and key stakeholders would ensure that all relevant issues are identified and essential lessons are learned.

34- POSTER (JOGS)

PERINATAL DEATH NOTIFICATION AND LOCAL REVIEWS IN THE 19 IRISH MATERNITY UNITS

Änne Helps[1,2,3], Sara Leitao[2], Keelin O'Donoghue[1,3], Richard Greene[2]

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

Abstract

Learning from mistakes and improving care to prevent recurrence of events is one aim of perinatal death (PD) reviews. Although local reviews of PDs are taking place by Serious Incident Management Teams (SIMT), learning points may not be adequately disseminated preventing implementation of possible improvements.

Between January-July 2019, the management team of all 19 maternity units in Ireland completed an electronic questionnaire on PD notification, SIMT structure, review procedures, parental involvement in reviews and perinatal mortality multidisciplinary team (PM-MDT) meetings. These data allowed us to analyse the current status of PD notification and reviews in Ireland.

Fourteen different criteria for referrals of PDs to the local coroner are used across the 19 units. Although SIMTs are established in 16 units, its team members, schedules of meetings (weekly to 8 weekly) and the reviews' timeframe (3 weeks to 12 months) varied significantly. Bereaved parents were frequently informed of reviews in 65% of units (11/17) and sometimes in 24% (4/17). Seventeen units hold regular PM-MDT meetings. Professionals from pathology/anaesthetics were significantly under-represented (4-9/18) at these meetings.

All units submit perinatal mortality data for national audit. Accurate data and robust PD reviews can inform local and national policy, thus initiate positive change. Promoting parents' involvement in reviews is important as it gives them an opportunity to give/receive important clinical feedback. PM-MDT meetings should be attended by all relevant disciplines, encouraging comprehensive discussion and widespread learning. Better dissemination of local learning points is needed to improve quality of care and achieve best practice nationally.

35- POSTER (JOGS)

The Effect of Anxiety on a Patient's Perception of Pain During Urodynamics in a Urogynaecology Setting

Sarah Kennedy[1], Elaine Dilloughery[2], Orfhlaith O'Sullivan[2]

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

Abstract

Urodynamic studies (UDS) are an important set of urological investigations which allows bladder function and physiology to be determined. Although UDS are generally well tolerated, moderate-to-severe discomfort during UDS is experienced by approximately 25-36.7% of patients.

This study aims to determine the effect of anxiety on pain experienced by women undergoing UDS and assess overall tolerability of UDS in an Irish urogynaecology setting.

This survey-based prospective study included consecutive female patients undergoing outpatient UDS in Cork University Maternity Hospital (n=39). Exclusion criteria included prior experience of UDS or failure to complete the procedure.

A wide range of pain scores and a low median pain score were reported (NRS: range= 0-7/10, median= 1.79/10; VDS: range= 0-3/5, median= 1.08/5). Increased patient anxiety was significantly correlated with pain experienced during UDS (NRS: Adjusted R2 = 0.415, $p<0.001$; VDS: Adjusted R2 = 0.09, $p=0.004$). The effect on procedural pain of depression scores, age and patient understanding of UDS was non-significant. All patients indicated that they would be willing to undergo UDS again and would recommend UDS to a friend if medically indicated.

Overall UDS is well tolerated by patients. However, patients with increased anxiety levels perceive higher degrees of discomfort during the procedure. Age and patient understanding of the procedure are unsuitable methods for categorising patients into cohorts likely to experience pain during UDS. Identification of anxious patients could allow for the provision of interventions to mitigate the effects of anxiety on pain perception such as anxiolytics or local anaesthetic.

36- ORAL & POSTER (CFI)

The Effect of Anxiety on a Patient's Perception of Pain During Urodynamics in a Urogynaecology Setting

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

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37- POSTER (JOGS)

WOMEN'S LIVED EXPERIENCE OF A DIAGNOSIS OF GESTATIONAL DIABETES

Sarah Kelly[1], Ruth Byrne[1], Ciara Kirwin[1], Elizabeth Dunn[2], Mary Higgins[3]

[1]UCD School of Medicine, Dublin, Ireland. [2]Obstetrics and Gynaecology, Wexford General Hospital, Wexford, Ireland. [3]UCD Perinatal Research Centre, National Maternity Hospital, Dublin, Ireland

Abstract

Gestational diabetes (GDM) is increasing worldwide in parallel to the obesity epidemic. Women commonly describe the initial diagnosis of GDM as shocking and upsetting, with a gradual adaption to changes until acceptance is achieved.

This study aims to further explore women's lived experience of a diagnosis of GDM.

A questionnaire was developed based on published research, expert opinion and patient input. Women with GDM were invited to complete the questionnaire. Ethics committee approval was obtained. One hundred and thirty women were invited to participate with 113 responses (response rate >85%). The average age was 34.5 years with one third (n=37) primiparous and 38% (n=43) had GDM in a previous pregnancy. The median gestational age at diagnosis was 28 weeks.

A significant proportion of women (69%) were surprised with a new diagnosis of GDM, despite over one third having one or more risk factors for the condition. Women also reported feelings of disappointment (89%) and guilt for developing GDM. Women worried more for their baby's health (90% n=100) than their own (68% n=76). Women were clear about why they had GDM (62%) and what they needed to do (78%). Many (97%) were more conscious of the food they ate, felt well informed about foods and diet (90%) and found diet and lifestyle changes manageable (86%). Family (94%) and medical professionals (91%) were significant sources of support.

This study highlights the importance of learning from women's personal experiences when providing a patient centred approach in the management of GDM.

39- POSTER (JOGS)

Determining the final outcome of pregnancy of unknown location (PUL) – an experience from The Early Pregnancy Unit of a tertiary maternity hospital in Dublin

Aleksandra Sobota[1], Shannon Halpin[1], Nicole Mention[1], Michael J Turner[2], Mary Anglim[1], Nadine Farah[2]

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

Abstract

Pregnancy of unknown location (PUL) is an interim diagnosis with an incidence rate of 8-31%. Final outcome of PUL can be classified into one of four categories: viable intrauterine pregnancy (IUP), failing PUL, ectopic pregnancy (EP), and persistent PUL.

This audit aimed to identify PUL rate and outcome in our Early Pregnancy Unit (EPAU) between January and July 2018. We looked at the number of HCG samples, scans performed, and length of follow up required in making a final diagnosis.

There were 1189 first visits to EPAU during the timeframe, 216 of which were diagnosed as PUL (18.2%). These were subsequently classified as failed PUL (83.8%), IUP (9.7%), and EP (6%). The majority of failed PUL and EP presented at >6 weeks gestation (80.1% and 61.5%, respectively), while 61.9% of IUP presented at less than 6 weeks gestation. The IUP and EP had 3 scans on average, with 35% of IUP and 21.5% of EP being scanned more than 3 times. 71.3% of failed PUL had one scan only. Failed PUL and IUP had an average of 2 HCG samples (ranging 0-9 and 0-4, respectively), while EP had 3 (range 2-7). The mean follow up in EPAU was 26.7, 11.7, and 5.8 days for IUP, failed PUL, and EP, respectively.

Our rate of PUL was similar to that quoted in various studies. While both IUP and EP required similar numbers of scans and HCG samples, IUP necessitated the longest follow up, resulting in higher EPAU resource consumption.

40- ORAL & POSTER (JOGS)

Antenatal diagnosis of fetal anomalies using Quantitative Fluorescence-Polymerase Chain Reaction (QFPCR) and karyotype analysis – does the method matter? An experience from a tertiary maternity hospital in Dublin.

Aleksandra Sobota[1], Caoimhe Ryan[2], Felicity Doddy[1], Sean Daly[2,1]

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Abstract

Optimum approach to invasive prenatal testing remains debatable. Karyotype is time-consuming and labour intensive. QFPCR has excellent sensitivity in detecting common aneuploidies, however, it may not identify less common genetic anomalies.

This audit compared the performance of QFPCR and karyotype analysis in antenatal diagnosis of fetal anomalies in a tertiary maternity hospital in Dublin.

We retrospectively analysed a database of all invasive procedures performed for antenatal diagnosis of suspected fetal anomaly between January 2014 and March 2019. The relationship between the results of QFPCR and karyotype was investigated using contingency tables and Spearman's correlation.

We analysed 558 fetuses from 553 pregnancies to 538 mothers. Women underwent amniocentesis (60.9%) or chorionic villous sampling (37.1%) at a median gestational age of 20.3 and 12.3 weeks, respectively. The most frequent reason for invasive testing was an anomaly detected on ultrasound (76.7%). The rates of genetic anomalies detected by QFPCR and karyotype were 37.5% and 38%, respectively. We found a positive relationship between the results of QFPCR and those of karyotype (Spearman's $\rho = 0.83$, $p<0.001$). However, in 20 cases (4.2%) the results differed. In 60% of those, genetic material was obtained through amniocentesis. Seventeen demonstrated normal QFPCR and abnormal karyotype, while 3 demonstrated abnormal QFPCR and normal karyotype.

While QFPCR and karyotype analysis yielded similar results, we noted a discrepancy in 4.2% of cases. This study underlines the importance of awaiting the results of karyotype before making irreversible decisions, particularly in the context of the new Irish termination of pregnancy legislation.

41- POSTER (JOGS)

HYPERCALCAEMIA IN PREGNANCY: A CASE STUDY.

Ellen Mc Mahon

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Abstract

Background

Hypercalcaemia in pregnancy can have significant complications for mother and fetus. However these are rare. In a 15 year retrospective audit, 37 cases per 100,000 deliveries of hypercalcaemia were identified. Of these 3 women had pre- eclampsia and 1 neonate had symptomatic hypoparathyroidism. 90% of cases of hypercalcaemia are caused by primary hyperparathyroidism. (1). This is usually caused by an adenoma on a single parathyroid gland. Mean serum calcium is 2.89 and ionised calcium is 1.43. Other causes include; Familial Hypocalcuric Hypercalcaemia, Vitamin A or D toxicity, Hyperthyroidism, Acute or Chronic Renal Failure, Milk- Alkali Syndrome and malignancy (2).

B.C. is a 39 year old primigravida who was booked in GUH at 12+6/40. BMI 25, BP 116/60, serology negative, Rubella immune. Medical history was significant for vitamin B12 deficiency and osteopenia. This was a singleton pregnancy resulting from a spontaneous conception.

B.C. was diagnosed with hypercalcaemia at 14/40 and admitted with same at 15/40. She was investigated thoroughly for a cause, without a significant finding. She developed significant proteinurea at 28+6 (PCR 69, developed to 115). B.C. was delivered by emergency caeserean section under general anaesthetic at 33+1/40 due to a placental abruption of two liters.

Purpose

The rational behind presenting this case is to illustrate the complications that can arise with maternal hypercalcaemia in pregnancy. Additionally it illustrates the complexities of investigation and management of such a rare condition.

42- ORAL & POSTER (JOGS)

DEVELOPING A FERTILITY PRESERVATION SERVICE FOR CHILDREN, ADOLESCENTS AND YOUNG ADULT ONCOLOGY PATIENTS AND SURVIVORS IN IRELAND

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Abstract

Long-term survival is now expected in 80% of children, adolescents and young adults (CAYA) diagnosed with cancer. However many survivors experience 'late effects' of treatment, including loss of fertility.

Our objective was to assess (1) knowledge and attitudes of Irish healthcare professionals (HCP) regarding fertility preservation (FP) for CAYA with cancer and (2) interest in fertility assessment among young female survivors.

(1) Four groups of HCP were surveyed: Doctors/nurses at the National Paediatric Haematology and Oncology Centre, generalist paediatricians, trainees in obstetrics/gynaecology and general practitioners attending a fertility workshop. (2) Twenty women (age 18-25) previously treated for cancer were offered a fertility consultation, AMH blood test and antral follicle count).

(1)94% of participants (97/103) desired more knowledge about FP options. 99% (102/103) either 'agreed' or 'strongly agreed' that patients would benefit from a clear referral pathway for FP. (2) 15 young women (75%) enrolled within one week of receiving the invitation to participate. To date, 10/15 (66%) have attended for assessment. 5/10 (50%) received treatment pre-menarche, 4/10 (40%) post-menarche and 1/10 had menarche during treatment. Menstrual cycles occurred following treatment in 100% (10/10). AMH levels ranged from 0.3-26.2 pmol/l;4/10 said fertility was never discussed before treatment; 6/10 said fertility was just briefly mentioned. 9/10 (90%) were unaware of the AMH blood test. All participants were aware of "egg freezing" and would "probably" or "definitely" opt to freeze if advised to do so.

These findings highlight the need to develop a national paediatric oncology FP service.

44- POSTER (JOGS)

A SURVEY OF OBSTETRIC TRAINEES' EXPERIENCE IN BREAKING BAD NEWS

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Abstract

Background

Obstetric trainees break bad news to patients on a regular basis. This can be a difficult task, especially if they have not been trained to do so.

Purpose of Study

This study was designed to assess obstetric trainees' experiences in breaking bad news.

Study Design and Methods

Trainees were invited to participate in an anonymous online survey which was circulated via email. The survey was composed of 23 questions which asked participants about their experience of breaking bad news in obstetrics and about any training they have received.

Findings

Fifty-seven people responded in full to the survey. The majority of trainees, 82%, have felt out of their depth when breaking bad news and 84% have felt at times it would have been more appropriate if a senior colleague carried it out. Despite 93% of trainees believing breaking bad news is a skill that can be taught, only 39% have received training in breaking bad news in obstetrics. Over 60% believed they should receive training every 2 years as 89% felt it would alleviate the stress that the process causes. Most trainees, 89%, feel on the job training helps with breaking bad news but only 26% have ever had a senior colleague observe them breaking bad news to provide feedback.

Conclusions

Most trainees felt they should receive training every two years which suggests that trainees might benefit from regular teaching in breaking bad news. This may help alleviate the stress associated with it.

46- ORAL & POSTER (IPNS)

TERMINATION OF PREGNANCY SERVICE AT FEMPLUS CLINIC

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Abstract

Methods:We collected data from all patients attending the crisis pregnancy service from February 2019 to September 2019. A total of 138 patients attended the service. We looked at age distribution, accuracy of self reported dates, use of contraception and complications occurred after treatment. All patients attending the service receive an ultrasound before and after medical termination.

Results:Age distribution was as follows: 12 patients below 20y (8.6%), 60 patients between 20 and 30 (44%), 49 patients between 30 and 40 (35%) and 17 patients over 40 (12 .3%). In 100 patients(72%) dates were confirmed as reported by the patient, in 29 patients there was a difference of more than a week (21 %) and 9 patients (7%) had unclear dates. In 10 patients the difference in dates meant that a different medical treatment was indicated (hospital treatment) or the patient was at a gestation above legal terms for termination of pregnancy.103 patients proceeded with medical termination and 4 had complications requiring additional medical intervention. In addition 4 patients were diagnosed with a non-continuing pregnancy, one with an ectopic pregnancy and one with multiple gestation (triplets).86 (83%) patients attended for a third follow up visit.There was no contraception use in 99 (72%) of patients attending the service. Only 8 patients (6%) did use emergency contraception.

Conclusions:Early medical termination was a safe intervention in this population. The use of contraception appears to be very poor and we should consider what improvements can be made in relation to this problem.

47- ORAL & POSTER (IPNS)

ANTENATAL CORTICOSTEROIDS FOR FETAL LUNG MATURATION-ARE WE DOING IT RIGHT?

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Abstract

Preterm delivery is an important factor of neonatal morbidity and mortality.Preterm delivery could be iatrogenic, due to fetal or maternal reasons and can be spontaneous . Targeted corticosteroids use has been proven in reducing risks of respiratory distress syndrome, intraventricular haemorrhage and better neonatal outcome

Aim of the study was to look into the current practise of targeted usage of steroids in management of preterm deliveries less than 34 and 6 weeks of gestation.

Retrospective chart reviews of 50 preterm deliveries lessthan 34 and 6 weeks over the last 6 months from January to June 2019 and evaluated against the standards set by American college of obstetricians and Gynaecologist antenatal corticosteroid therapy for fetal lung maturation 2017 guidelines and NICE guidelines on preterm labour.

Out of 50 preterm deliveries. 48(96%)received steroids.23 and 5weeks was the earliest gestation receiving steroids.Bethamethasone was the steroid of choice.Out of 48 ,28(56.8%) got 2 doses of steroids24 hrs apart.In 12 patients latent phase to delivery exceeded 14 days, Our tertiary centre is up-to-date in judicious use of targeted corticosteroids.There is good awareness of importance of targeted steroids usage in appropriate cases.Consultant guidance and supervision is one of the key factors noted in timely decision aiding better outcome.

Laminated protocol of correct dosage and time interval between doses in antenatal clinic, assessment units will aid in universal proper prescribing along with training sessions every 6 monthe.Consultant involvement in decision making is prudent for better outcome.

49- POSTER (JOGS)

EMERGENCY DEPARTMENT REQUESTS FOR GYNAECOLOGY SCANS AT TALLAGHT HOSPITAL

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Abstract

Gynaecology services at Tallaght Hospital are overwhelmed with ultrasound scan requests from the emergency department (ED). The primary aim of this research was to look at the presenting features and histories of women attending the ED for whom a gynaecology ultrasound was requested, and the subsequent outcome of these scans. Data was collected at the time of initial presentation and post scan. 37 cases were studied with a mean age of 33.2 years. 19 patients were reviewed by gynaecology doctors and 17 by ED doctors who sought over the phone advice from gynaecology. Right iliac fossa pain was the most common presenting complaint (n = 14) followed by left iliac fossa pain (n = 10). 9 patients had a soft non-tender abdomen whilst others had mild or moderate abdominal pain (n = 13; n = 6). None had significant findings on vaginal examination but nine reported a history of ovarian cysts. Transvaginal US scans performed were normal in 21 patients. Some abnormal findings on scans included haemorrhagic and dermoid cysts (n = 5; n = 1) and uterine fibroids (n = 4). The average wait time from ED presentation to scanning was 8.8 days. Most patients were discharged to GP care (n = 24) and four required gynaecology follow-up. Most gynaecology scans performed following ED presentations with abdominal pain are normal. Data is required on repeat presentations and management of ongoing abdominal pain. A larger sample is needed prior to developing a pathway or triage system for gynaecology scans.

50- POSTER (JOGS)

PERSISTENT POSTPARTUM URINARY RETENTION FOLLOWING SPONTANEOUS VAGINAL DELIVERY: A CASE REPORT

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Abstract

Postpartum urinary retention occurs in 10-15% of spontaneous vaginal deliveries (SVDs). Risk factors include prolonged labour, instrumental delivery, primiparity, significant vaginal tears, epidural anaesthetic and previous history of urinary issues. In rare cases, the bladder may fail to recover detrusor function with permanent detrusor hypotonia causing persistent urinary retention needing ongoing self-catheterisation. Persistent post-partum urinary retention is defined by inability to void urine spontaneously despite urinary catheterisation for three days.

We present the case of a 35-year-old primipara who had SVD at 40+6 weeks gestation of a live female infant with birthweight 3450g. She had spontaneous onset of labour lasting 4 hours 33 minutes. She sustained a second-degree posterior perineal tear. She received pethidine in labour and used Entonox analgesia. She had no previous urinary issues.

The patient presented 4 days postpartum with abdominal distension and severe lower back pain. Following clinical examination urinary retention was suspected. Patient reported passing urine regularly at home however reported poor urinary flow and no sensation of needing to void since delivery. Within first 8 hours of catheterisation – patient underwent massive diuresis and drained 8800mL of urine.

Admission lab work revealed severe acute kidney injury with uremia and hyperkalaemia. Creatinine was 316mmol/L reducing to 55mmol/L within 24 hours. Management involved urinary catheterisation and IV hydration. Trial of void was unsuccessful following 48 hours catheterisation.

This case illustrates persistent postpartum urinary retention and related complications. Early recognition and appropriate management may avoid permanent kidney damage and irreversible detrusor muscle damage causing persistent voiding dysfunction.

51- POSTER (JOGS)

PREPREGNANCY WEIGHT TRAJECTORIES AND THE RISK OF GESTATIONAL DIABETES MELLITUS (GDM)

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Abstract

Background

Maternal obesity is a strong risk factor for developing GDM. However, there is scant information on the role of prepregnancy weight trajectories in the development of GDM.

Purpose

We examined the relationship between prepregnancy weight changes and the diagnosis of GDM in women screened selectively for risk factors with the 75g one step Oral Glucose Tolerance Test (OGTT).

Methods

Women were recruited at their convenience after giving informed consent at the time of their OGTT at 26-28 weeks gestation. Clinical and sociodemographic details were obtained from the clinical records and a standardised questionnaire was completed without supervision.

Findings

Of the 202 women enrolled, 154 (76.2%) completed the questionnaire fully. Of the 154, 37.0% were nulliparas and 57.8% were obese. Of the 84 women diagnosed with GDM, 53.5% (n=45) reported a weight increase in the last 5 years (mean 12.4kg,SD8.0) compared with 34.2% (n=24) of women (mean 11.0kg,SD4.0) with a normal OGTT ($p<0.02$). There was no difference in weight changes between the two groups in 12 months prior to pregnancy. In the 5 years before the pregnancy, 60.5% of the obese women reported a weight increase (mean 13.5kg (SD 6.9) compared to 28.3% of the non-obese women (mean 7.7kg SD4.8) ($p<0.001$).

Conclusions

This is the first study, to our knowledge, which shows that maternal weight gain in the five years before pregnancy increases the risk of GDM. Further studies are required to determine if multidisciplinary interventions, particularly in primary care, to optimise prepregnancy weight and/or obesity may prevent GDM.

52- POSTER (JOGS)

RELATIONSHIP BETWEEN THE WHITE BLOOD CELL COUNT AND GESTATIONAL DIABETES MELLITUS (GDM).

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Abstract

Background

The links between maternal inflammatory markers and both obesity and GDM have been investigated previously. However, glucose sample handling practices and diagnostic guidelines were not aligned with the latest international standards, meaning “milder” cases of GDM may be missed.

Purpose

The aim of this study was to investigate the relationship between GDM, obesity and the white blood cell (WBC) count in the first trimester.

Methods

A cohort of 202 women with risk factors for GDM had their body mass index (BMI) calculated and a full blood count taken at their first visit. The oral glucose tolerance test (OGTT) was conducted at 26-28 weeks gestation. Strict preanalytical sample handling practices were implemented for glucose samples and the WHO diagnostic guidelines were applied. SPSS was used for statistical analysis.

Findings

Of the 202 women, 56.4% (n=114) were obese and 53.5% (n=108) were diagnosed with GDM. The WBC count at a mean gestation of 11.8 weeks (SD1.7) correlated positively with maternal BMI (r=0.229, p=0.001). The WBC count was higher in the women who went on to be diagnosed with GDM (mean gestation: 27.5 weeks(SD 1.0)), (WBC 9.4(SD2.1) vs. 8.8(SD2.2), p=0.02). In women with GDM who were also obese the strength of this association increased (WBC 9.7(SD2.1) vs. 8.8(SD2.2), p=0.006).

Conclusions

We found that the maternal WBC count in early pregnancy correlated positively with maternal BMI and was mildly elevated in those who went on to develop GDM. This is consistent with maternal inflammation associated with metabolic dysfunction.

53- POSTER (JOGS)

A CASE OF ACUTE LIVER DECOMPENSATION IN PREGNANCY

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Abstract

Fulminant liver decompensation occurs rarely in pregnancy. There are obstetric and non-obstetric causes. In those that do not recover liver function, management includes liver transplantation. We present a case of fulminant liver failure in pregnancy on a background of excessive alcohol consumption, poor nutritional status and paracetamol ingestion.

A 31yr old, Para 2+1, presented at 31+3 weeks gestation with a fifth episode of abdominal pain. She had a booking BMI (Body Mass Index) of 17.3kg/m^2, was a smoker and alcohol consumer. She had ingested paracetamol for abdominal pain (greater than the recommended dose for her BMI).

Examination revealed drowsiness, scleral icterus and a soft abdomen with hepatomegaly. The blood pressure was normal with no proteinuria. Liver function was deranged with transaminases >4100U/L, LDH 3496U/L and Bilirubin 20mg/dl. Additional blood tests revealed lactate 2.3mmol/l, Hb 13.3g/dL, WCC 19.4×10^9/L, Platelets 92×10^9/L, Glucose 5.2mmol/L, Urea 3.4mg/dL, Creatinine 65mmol/L, Urate 323umol/L, prolonged PT 26.9s and INR 2.3.

In view of the coagulopathic liver decompensation, she underwent GA emergency caesarean section after corticosteroids and $MgSO_4$ for fetal lung maturity and neuroprotection. Treatment for her liver decompensation was supportive with N-acetylcysteine and Vitamin K with hepatology involvement. Biochemistry improved overtime with supportive care.

Liver disease prognostic scores such as Childs-Pugh are not validated in pregnancy. The presence of acidosis, hepatic encephalopathy, coagulopathy or renal failure are poor prognostic factors and should precipitate advice from a liver transplant unit. Acute liver decompensation may have a worse prognosis on a background of chronically decreased functional reserve.

54- POSTER (JOGS)

PATIENT DEBRIEFING FOLLOWING OPERATIVE VAGINAL DELIVERY- AN AUDIT OF CURRENT PRACTICE.

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Abstract

Operative vaginal delivery (OVD) may be associated with maternal distress and tocophobia. According to the RCOG guidelines women should be reviewed after delivery, ideally by the obstetrician who conducted the delivery, to discuss indication for OVD, management and implications for future delivery. This review/debrief should be documented in the patient's notes. Debriefing has been shown to reduce patient complaints.

The aim of study was to conduct an audit of current practice surrounding documentation of review/debrief following OVD before and after an education session to raise awareness of this issue. We also wished to explore obstetrician attitudes towards debriefing following OVD and identify barriers to debriefing.

Our audit was conducted in a busy tertiary referral maternity unit. We carried out a retrospective chart review over a two month period. We presented the results of our audit locally and sent a survey to obstetric NCHDs. We subsequently conducted a re-audit.

Audit results: n=90. Overall 40% of women had a documented debrief, 33% by the doctor who conducted the delivery. Re-audit results: n=93. Overall 66% of women had a documented debrief, 59% by the doctor who conducted the delivery. 100% of respondents to our survey felt debriefing was important. Insufficient time (82%) and early patient discharge (73%) were the most commonly identified barriers to debriefing.

Presentation of our audit findings raised awareness and resulted in a 65% relative improvement in documentation of debrief following OVD. Time-saving debriefing proformas and further education sessions may lead to further improvements.

55- POSTER (JOGS)

PREDICTION OF FETAL BIRTHWEIGHT IN GESTATIONAL DIABETES MELLITUS

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Cork University Maternity Hospital, Cork, Ireland

Abstract

Gestational Diabetes Mellitus (GDM) is a common complication in pregnancy and is associated with significant maternal metabolic changes which alter in-utero fetal environment metabolically, posing a threat to long term consequences if not managed accordingly.

This study aims to evaluate the association of fetal birthweight at different gestational week in women with gestational diabetes mellitus.

This retrospective study is conducted in Cork University Maternity Hospital from year 2014 to year 2016 in which all gestational diabetes mellitus were recruited.

The average fetal birthweight in gestational diabetes mellitus was calculated as 3095g at 37 weeks gestation (SD 546.80g), 3470g at 38 weeks gestation (SD 477.25g), 3250g at 39 weeks gestation (SD 450.22g), 3700g at 40 weeks gestation (SD 350.32g) and 3780g at 41 weeks gestation (SD 315.59). 10^{th} centile and 90^{th} centile were considered as lower and upper limit of the fetal birthweight in this study. The lower limit in this study was calculated as 2410g, 2894g, 3027g, 3280g and 3350g at each gestational week from 37 weeks. The upper limit of this study was 3890g at 37 weeks, 4100g at 38 weeks, 4171g at 39 weeks, 4100g at 40 weeks and 4210g at 41 weeks respectively.

It is shown that the fetal birthweight in gestational diabetes mellitus is higher than the general population as predicted. Pregnant women should be educated the importance of maintaining a healthy lifestyle with support group targeting pregnant women as this study has shown a direct association between increased fetal birthweight with gestational diabetes mellitus.

56- POSTER (JOGS)

GESTATIONAL DIABETEST MELLITUS: IS IT A THREAT?

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Abstract

Gestational diabetes mellitus (GDM) is rapidly rising worldwide, posing challenges both medically and obstetrically, needing person-centred management. Currently the prevalence of GDM in Ireland is 1% to 2%. Previous GDM can be a strong indicator for future recurrent risk and is a useful tool to identify the increased risk of GDM in the subsequent pregnancy with a reported recurrence risk of 30-84%.

This retrospective audit aims to investigate the incidence and recurrence rate of gestational diabetes mellitus, the timing of delivery and delivery outcome in the Cork University Maternity Hospital in 2016.

The incidence was documented as 6.85% (386/5649) with 70.98% (274/386) of multiparous women were diagnosed with GDM in which 32.1% recurrent GDM and 37.6% with family history of diabetes mellitus. 43.26% of GDM women underwent IOL approximately at gestational 38.746 weeks as compared to gestational 38.878 weeks in SOL. 70% (271/386) of GDM women had to have operative vaginal deliveries with almost equal numbers in both groups, i.e. 48.7% in IOL versus 51.3% in SOL. It is demonstrated that women having IOL has 3 times higher risk for caesarean delivery as compared to women in SOL.

Local implementation of antenatal education and information leaflets emphasizing on healthy lifestyle and regular exercise should be included in the antenatal package, as well as posters and PowerPoint presentation in the antenatal clinic. A structured pathway for IOL specifically tailored for GDM women can be introduced locally and mode of IOL should be revised for better predicted outcomes for GDM women.

57- POSTER (JOGS)

CAUDA EQUINA IN PREGNANCY: A CASE REPORT

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Abstract

56% of pregnant women complained of lower back pain secondary to mechanical and positional overload with the incidence of cauda equina 1 in 10,000 pregnancies. Delay in diagnosis and treatment will lead to permanent neurological deficit.

A 29 years old primiparous was booked at gestation 13+6 weeks in UMHL with BMI 41.5 and no significant medical history. She presented to the emergency room at gestation 15 weeks with back pain and was treated for pelvic girdle pain. She presented at gestation 31+4 weeks with severe pelvic and back pain, along with urinary retention, numbness and tingling sensation in lower limbs and buttocks. She was reviewed by the physiotherapist urgently and MRI spine confirmed severe central canal stenosis at L4 and L5 with compression of cauda equine with emergency L4 and L5 discectomy performed. Patient recovered well and had an elective caesarean section at 38 weeks of a healthy baby boy weighing 3460g. She was discharged home on day 4 postnatally with recommendations of weight reduction and was commenced on prophylactic low molecular weight heparin for 6weeks.

Cauda equina is a clinical diagnosis by detailed physical examination and imaging with MRI considered as the safest modality. Pregnant woman with cauda equina normally present with weakness of the lower limbs with saddle hypoesthesia and urological problems such as urinary incontinence and inability to empty the bladder completely Conservative management is the primary treatment but surgical intervention should be considered if symptoms worsen and is not contraindicated at any gestational stage in pregnancy.

58- POSTER (JOGS)

MENORRHAGIA: IMPACT ON QUALITY OF LIFE

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Abstract

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

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

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

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

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

59- ORAL & POSTER (JOGS)

PRENATAL ALCOHOL EXPOSURE AND RISK OF ATTENTION DEFICIT HYPERACTIVITY DISORDER IN OFFSPRING: A RETROSPECTIVE ANALYSIS OF THE MILLENNIUM COHORT STUDY

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Abstract

This study aims to investigate the relationship between maternal alcohol consumption in pregnancy (MACP) and the risk of attention deficit hyperactivity disorder (ADHD), the strengths and difficulties questionnaire (SDQ) score and abnormal hyperactivity score in 7-year old children.

This study is a retrospective analysis of the Millennium Cohort Study (MCS). MCS is a nationally representative observational cohort study of 18,827 children born in the United Kingdom between 2000 and 2002. Questionnaires gathered data on light, moderate and heavy MACP and neurodevelopmental outcomes in offspring at 7-years of age (n=13,004).

The total number of women who reported drinking alcohol in pregnancy was 3916 (30.1 %). No significant association was found between moderate or heavy gestational alcohol consumption and ADHD (OR for moderate =0.963, 95% CI = [0.343, 2.706]; OR for heavy =1.343 , 95% CI = [0.320, 5.642]) , abnormal SDQ score OR for moderate =0.931 , 95% CI = [0.617,1.405]; OR for heavy = 1.055, 95% CI = [0.574, 1.937]), or abnormal Hyperactivity score (OR for moderate = 1.281, 95% CI = [0.949, 1.729]; OR for heavy = 0.867, 95% CI = [0.509, 1.479]) in offspring.

Light, moderate or heavy MACP was not associated with the risk of developing ADHD in this study. However we cannot rule out an increased risk of ADHD in relation to heavy MACP. A limitation of this paper is that MACP is quantified by retrospective self-report. Using objective methods to measure fetal alcohol exposure may be more accurate and therefore more applicable in guiding clinical practice.

60- POSTER (JOGS)

A RARE CASE REPORT: RECURRENT PREGNANCIES AFFECTED BY LETHAL ARTHROGRYPOSIS MULTIPLEX CONGENITA (AMC)

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Abstract

Arthrogryposis multiplex congenita (AMC) is a condition of congenital joint contractures, evident on ultrasound scanning from as early as 8 weeks gestation. The aetiology is still unclear, though AMC has an overall incidence of 1 in 3,000 live births and is associated with varying prognoses.

We report the rare case of a 32-year-old woman with two successive pregnancies affected by lethal AMC, after the birth of an unaffected child. During her second pregnancy, a large cystic hygroma was identified on booking scan, in addition to foetal hydrops at 16 weeks and upper/lower limb fixed flexion deformities at 18 weeks. Amniocentesis revealed a normal chromosomal complement. The foetus developed significant abdominal ascites, pleural effusions and skin oedema before its demise at 25 weeks. Perinatal pathology reports concluded a clinical diagnosis of AMC without identifying an exact genetic component. In her third pregnancy twelve months later, a 10-week scan revealed a large septated cystic hygroma, foetal megacystis and generalised hydrops. Repeat scanning at 11 weeks revealed a substantial increase in oedema with no foetal movements. Following consultation, and extreme scan findings with a sole working diagnosis of recurring AMC, the patient underwent termination of pregnancy under section 12 of the law.

Lethal AMC in recurrent pregnancies is an exceptionally rare scenario, with sparse literature available. When a definite aetiology is found in lethal AMC, it is of neurological origin in 70-80% of cases. Pinpointing the exact genetic component is difficult, with multiple complex disorders and over 200 rare genetic mutations possible.

61- POSTER (JOGS)

A STUDY ON TEENAGE PREGNANCY IN OUR LADY OF LOURDES HOSPITAL

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Abstract

Young maternal age has been associated with complications in both mothers and infants, including financial burden, long-term health consequences and socioeconomic challenges. Furthermore, teenage pregnancy is associated with lower breast-feeding rates post-partum, despite evidence to support the benefits of breast-feeding infants.

We aim to address several variables regarding adolescent mothers, including trends of body mass index (BMI), gestational age at delivery, mode of delivery and breast-feeding over time to gain insight into this challenging demographic.

Data was collected from mothers aged 15-19 at the teenage pregnancy clinic at Our Lady of Lourdes in Drogheda, and analysed to assess the variables mentioned above.

From 2014 to 2017, the annual number of births to mothers 15-19 was consistent at 72 (+/-3.2). The mean maternal age was 18.22 (+/- 0.06), and BMI ranged from 15.14 to 48.77 kg/m^2. The gestational age at delivery varied from27 to 42 weeks. Regarding mode of delivery, 59% were vaginal, 23% instrumental and 18% Caesarean section. The rate of breast-feeding increased from 11% in 2014 to 20% in 2017. Notably, the quantity of mothers who intended to breast-feed was consistently higher than those which ended up breast-feeding.

Although the rate of teenage pregnancy has declined, and the rate of breast-feeding has increased, most mothers continue to artificially feed new-borns. Understanding the barriers to initiation and continuation of breast-feeding among young mothers remains an ongoing challenge and the cornerstone to promoting new-born health and well-being in this population.

62- POSTER (JOGS)

A Retrospective Cohort Study of Post-Operative Wound Infections after Caesarean Section in an Irish General Hospital

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Abstract

Background:

Surgical Site Infection (SSI) is one of the most common complications post Caesarean Section (CS), with an incidence of 3-15%[1]. It poses significant risk to maternal morbidity/mortality, as well as placing an emotional burden on the mother and a financial burden on the hospital.

Purpose of Study:

As CS rates increase in Ireland[3], rates of SSI are also expected to increase. We sought to identify risk factors for developing SSI within our population. From this we hope to identify improvements, which may reduce rates of SSI.

Methods:

This was a retrospective cohort study performed over a fourteen month period including all women who had a CS in Wexford General Hospital (WGH). Data was collected from patient's charts after suitable patients were identified.

Results:

500 women were identified for our study, with n=46 (9%) diagnosed with a SSI. Of these, 29 required longer admission or readmission. Smoking, obesity, emergency surgery, low haemoglobin and use of surgical clips were associated with an increased risk of SSI. Surprisingly, the use of negative pressure dressings did not decrease the incidence of SSI.

Discussion:

All identified patient factors are modifiable, and we recommend efforts be put in place to optimise these antenatally. We acknowledge that emergency surgery is a non-modifiable risk factor, however we did find there to be an increased RR of SSI with surgical clips versus sutures, and as such would recommend the use of sutures. Finally, our study did not find negative pressure dressings to be protective against SSI.

63- POSTER (JOGS)

MEDICAL STUDENTS OPINIONS OF PEER ASSISTED LEARNING USING A ONE MINUTE TUTORIAL FORMAT WITHIN AN OBSTETRICS AND GYNAECOLOGY ROTATION

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Abstract

Novel learning methods are becoming increasingly common in medical education. This study was warranted to evaluate such a method in undergraduate Obstetrics and Gynaecology education.

The aim of the study was to ascertain the educational value to medical students of Peer-Assisted Learning (PAL) using a One Minute Tutorial (OMT) within an Obstetrics and Gynaecology rotation.

A qualitative research study was performed in a tertiary level maternity hospital attached to a large Dublin medical school. The anonymous clinical programme feedback forms of 208 medical students following a six-week rotation in Obstetrics and Gynaecology were analysed to identify common themes. Thematic analysis was performed. The primary outcome measure was the perceived educational value of the educational intervention.

Regarding PAL, many students enjoyed the novelty of peer teaching. Some believed the learning benefit was mostly for the presenter. Students reported concerns regarding the validity of information unless confirmed by a faculty member; facilitation by faculty was favourably received. Students chose the topics for discussion; this was useful in both highlighting underemphasised topics and as a tool for revision. The sessions clarified points students were previously unsure of. The sessions afforded an opportunity to develop presentation and public speaking skills. Students reacted to the rapid, bitesize nature of the presentations. A recommendation for a document to compile notes of presentations was identified.

PAL was valued as a learning tool in consolidating knowledge and improving presentation skills. In general, students reported a positive experience of PAL, but potential areas of improvement were highlighted.

64- POSTER (JOGS)

THE ROLE OF TRANEXAMIC ACID IN THE MANAGEMENT OF POSTPARTUM HAEMORRHAGE; A LITERATURE REVIEW

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Abstract

Despite medical and surgical interventions, postpartum haemorrhage (PPH) remains the leading cause of maternal mortality worldwide.[1] While 99% of all cases of PPH occur in developing nations, PPH is an equally important cause of maternal morbidity and mortality in developed nations, with numerous studies showing that the incidence is increasing.[2]

It is crucial that healthcare professionals are well-equipped to quickly diagnose and adequately treat patients with PPH. For this purpose, a literature review was conducted to analyse current best practices in the management of PPH and address shortcomings; as well as assess the efficacy of using tranexamic acid to prevent PPH.

This literature review was conducted using two different search engines, Google Scholar and Science Direct, to identify relevant articles. The search terms used were: "postpartum hemorrhage." "management of postpartum haemorrhage," and "tranexamic acid in postpartum haemorrhage."

When tranexamic acid is administered to patients soon after delivery, deaths due to bleeding were reduced by nearly one third. Administration of tranexamic acid was also shown to substantially reduce surgical interventions to control bleeding, thereby reducing the risk of surgical complications.[3] Additionally, the costs incurred by the addition of tranexamic acid in PPH management is cost effective when accounting for quality-adjusted life years.[4]

Tranexamic acid is a cost-effective and efficient method of reducing PPH-associated complications with no adverse effects. It would be reasonable to advise that all hospitals add the administration of tranexamic acid to their management protocols of PPH.

65- POSTER (JOGS)

OBSTETRIC ANAL SPHINCTER INJURIES - WHAT ARE THE RISKS?

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Abstract

BACKGROUND

The incidence of OASIS varies widely and it's higher in primiparous women. The other recognized risk factors are considered to be: Asian ethnicity, birthweight, shoulder dystocia, occipito-posterior position, prolonged second stage of labor and instrumental delivery.

AIM

To investigate the incidence of OASIS in Cork University Maternity Hospital and to determine risk factors contributing to obstetric anal sphincter injuries.

METHODS

All women sustaining third or fourth perineal tears after delivery in CUMH in 2018 were recruited in this audit. All data were collected from the password-protected digital charts recorded in our maternity unit.

RESULTS

The incidence of OASIS in our maternity unit in 2018 was 0.01% (54 out of 5025 vaginal deliveries). On average, the women sustaining an OASIS are 33 years of age (SD 4.5 years) and of Caucasian origin (96.3%). Three quarters of the women in this group were primiparous; the multiparous group had no history of OASIS in their previous pregnancies. On average the gestational age was 40^{+1} weeks (SD 1.2) and the birthweight was 3678.3g (SD 446.5g). Mode of delivery was evenly distributed among normal vaginal delivery (37.7%), vacuum (32.1%) and forceps delivery (30.2%).

CONCLUSION

CUMH has an overall incidence of obstetric anal injuries of 0.01%. Primiparity remains the main risk factor, OASIS being three times more common in women who have never delivered before. The mode of delivery and fetal birthweight were not found to be independent risk factors. This confirms that is difficult to establish prenatally the risks for obstetric anal injuries.

66- POSTER (JOGS)

PCR vs Karyotype for CVS and Amniocentesis – Should we wait?

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Abstract

Despite the rise of non-invasive screening tests, invasive testing during pregnancy remains the definitive diagnostic tool for fetal genetic anomalies. Results are rapidly available with polymerase chain reaction (PCR) tests, but cases exist where results were incorrect, the pregnancy was terminated and karyotype was ultimately normal. We sought to examine the performance of PCR against karyotype.

All amniocentesis and CVS performed over 6 years in a tertiary level fetal medicine unit were included. Results were recorded and discrepancies examined.

A total of 1,222 invasive tests were performed (716 amniocentesis, 506 CVS). Within the amniocentesis cohort, 11 had normal PCR but abnormal karyotype. There were 2 cases which PCR should have identified. A referral for alobar holoprosencephaly on ultrasound had normal PCR but karyotype revealed ring chromosome 13. The patient went on to have termination. The other had amniocentesis performed following diagnosis of cystic hygroma. The PCR was normal, but karyotype was 45X. The pregnancy ended in miscarriage at 19 weeks. Within the CVS group, 7 patients had discrepant results. All had normal PCR. Amongst this group was a patient referred for CVS on a background of non-invasive screening high risk result for Turner syndrome. PCR was normal but karyotype ultimately came back as 46X with unbalanced translocation of short arm chromosome X - long arm Y. The pregnancy ended by termination.

PCR can be reliably used to determine aneuploidy of chromosomes 13, 18 and 21. However in cases of sex chromosome aneuploidy, performance is less reliable and warrants waiting for karyotype.

67- POSTER (JOGS)

VENOUS THROMBOEMBOLISM – ARE WE DOING IT RIGHT?

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Abstract

Venous thromboembolism (VTE) is one of the leading direct cause of maternal death worldwide. Many fatal cases of VTE can occur antenatally in the first trimester with risk increases with gestational age, reaching the peak just after delivery. A formal VTE risk assessment form has recently been introduced to University Maternity Hospital Limerick in 2017 which include assessment at booking visit, 28 weeks antenatal visit, any admissions to the hospital, delivery in labour ward or theatre as well as postnatal.

This audit aims to investigate the efficiency of staff members in University Maternity Hospital Limerick in documenting the VTE risk assessment at each visit to the hospital

100 maternity charts were randomly collected from the postnatal wards in August 2019

Only 20% of the patients have full documentation and assessments throughout their pregnancy. There is 86% compliance in the booking visit, 46% in 28-weeks antenatal visit, 85% during delivery in labour ward or theatre and 59% postnatally. Only 22% of the women have admission to the hospital during their pregnancy with only 36.4% compliance of VTE risk assessment as inpatient.

This audit will be presented in the grand rounds to all staff members to raise awareness about the importance of VTE risk assessment and documentation. Formal teaching and training can be considered during the weekly quality improvement meeting for all NCHDs and midwives. This will be formally re-audited in 6 months' time.

69- POSTER (JOGS)

CASE PRESENTATION: STAGE IV ENDOMETRIOSIS AT THE TIME OF CAESAREAN SECTION

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Abstract

Background:

Stage IV endometriosis is rarely diagnosed for the first time at caesarean section.

Purpose*: what did you aim to achieve with the study*

This case presentation provides an interesting look at stage IV endometriosis diagnosed for the first time at caesarean section and the management of same both intra-operatively and follow-up investigations and procedures.

Clinical details:

41yo Para 1 presented to Tallaght university hospital with recurrent pyrexia secondary to bilateral tubo-ovarian abscesses 8 weeks postnatally (PN). This patient had a category one emergency section for fetal bradycardia at full term. There were 5cm bilateral endometriomas adherent to the posterior uterine wall that ruptured intra-operatively at the time of the caesarean section. Her postnatal course was complicated by pyrexia of unknown origin requiring IV antibiotics and a readmission at 4 weeks PN. At 8 weeks PN presented to Tallaght ED with pyrexia and was commenced on PID regime. MRI showed large bilateral endometriomas with superimposed infection which was treated for 12 days. The patient was discharged and planned for elective laparoscopic bilateral ovarian cystectomy.

Findings:

Large bilateral ovarian abscesses, with sigmoid involvment during elective laparoscopy. Both ovaries were adherent to pelvic side walls. Normal tubes and fimbrae. Obliterated POD. There were multiple omental adhesions from anterior abdominal wall extending upwards and peri-hepatic adhesion.

Conclusions*:*

Intra operative rupture of endomatriomas at the time of caesarean section increases morbidity in patients with stage IV endometriosis.

70- POSTER (JOGS)

Type 1 Chiari Malformation in pregnancy

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Abstract

A Chiari malformation is an anatomical abnormality of the hindbrain in which the cerebellum extends through the foramen magnum into the spinal canal. Chiari malformations present a particular challenge in pregnancy due to the potential risk of neurological complications with increased intracranial pressure and anaesthetic concerns regarding neuraxial anaesthesia and the potential for hindbrain herniation.

This case describes a 23 year old G3P2,who presented at 38 weeks gestation to the emergency department with sudden onset generalised weakness. She was triaged as FAST positive and underwent work up for a potential cerebrovascular event which included MRI brain.

In terms of background history, this patient had no personal history of any previous neurological disorders or events and no significant medical history. She had an obstetric history of two previous vaginal deliveries and no antenatal issues. MRI brain revealed an incidental finding of a Chiari malformation of the posterior fossa with approximately 9mm of cerebellar tonsillar descent.

Discussion regarding appropriate management in this case involved careful anaesthetic, obstetric and neurosurgical consideration. Time was of the essence given this patient's advancing gestation. A decision was made to deliver by elective caesarean section under general anaesthetic. This proceeded uneventfully and both mother and baby were well postnatally. Follow up MRI whole spine and full neurosurgical evaluation is currently underway for this patient.

This case highlights the increasing complexity of co-morbidities in the obstetric patient and also the importance of cross-specialty communication and teamwork to obtain the safest outcome for both mother and baby.

71- POSTER (JOGS)

VBAC: ARE WE MEETING THE STANDARDS?

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Abstract

In Ireland nearly one in three women are now delivered by lower segment caesarean section (LSCS). In a subsequent pregnancy, counselling on both planned vaginal birth after caesarean (VBAC) and elective repeat LSCS should occur.

This study aimed to examine recent trends and success rates of VBAC at Midland Regional Hospital Mullingar (MRHM) as well as assess whether suitable women received adequate counselling.

The MRHM birth records from January to June 2019 were accessed and 163 women with a single previous LSCS were identified. Patients charts were examined and a descriptive retrospective clinical audit utilizing data collection sheets based on recommendations from the Royal College of Obstetricians and Gynaecologists (RCOG) were completed.

A trial of VBAC was attempted in 35% (57) of women, of whom 64% (36) resulted in a successful vaginal delivery. 36% (21) had an emergency LSCS. The majority of women (65%) opted for an elective repeat LSCS. Out of the 163 women, 82% had a documented delivery plan. Documentation regarding counseling on VBAC vs. repeat LSCS was seen in 54%, with only 0.07% of women being specifically informed about the risk of uterine rupture. Only 19% were noted to have received a VBAC patient leaflet.

In conclusion, women with a previous LSCS are not being adequately counselled on their delivery options during their antenatal visits to MRHM. Introducing a VBAC clinic and simplifying documentation by means of pre printed stickers would ensure adequate counselling for this progressively growing cohort of women.

72- POSTER (JOGS)

MEDICAL STUDENTS' PERCEPTION OF OBSTETRICS AND GYNAECOLOGY AS A SPECIALTY

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Abstract

MEDICAL STUDENTS' PERCEPTION OF OBSTETRICS AND GYNAECOLOGY AS A SPECIALTY

Obstetrics and gynaecology (O&G) is a rewarding but challenging specialty and long believed to be highly desired among medical students, although based on anecdotal evidence. This review is based on fourth-year medical students of University College Cork for 2018/19 academic year.

We aimed to review fourth-year medical students' interest in Obstetrics and gynaecology as a career.

The study was a questionnaire-based study from Fourth-year medical students after their clinical attachment in O&G (their first clinical exposure to the specialty) which lasted for four weeks. The main question was *'Would you consider a career in Obstetrics and Gynaecology?'*, Three options were given *'Definitely Not'*, *'Probably Not'* and '*Probably Yes'* then *'If no, Why not?' and 'If yes, what attracts you?'*.

The total number of students was 164, of which 129 (78.6% uptake) questionnaires were available. Option '*Definitely Not' was selected by* 21% (n=27), while 40% (n=52) chose '*Probably Not'* and 35%(n=46) selected '*Probably Yes'*. The highest concerns were, *working hours and lifestyle* 30% (n=39), *No/Other interest* 28.4% (n=32) and main attractions were, *interesting* 23%(n=30), *Combination of medicine and surgery* 22%(n=28). Only three students stated the new abortion legislation (2.3%) as a concern.

The medical students' interest needs to be cultured at the undergraduate level especially with consultant shortages nationally. The study findings give insight into students' view of the specialty and possible ways to improve, educate and renew interests in this fascinating area for students and trainees.

73- POSTER (JOGS)

OBSTETRIC CHOLESTASIS: A HIGH INCIDENCE IN SLIGO UNIVERSITY HOSPITAL MATERNITY UNIT

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Abstract

Obstetric cholestasis is characterised by pruritus in the absence of rash and elevation in serum Bile Acid concentration and/or liver function tests. Neither of which has an alternative cause and both resolve after delivery. This typically develops in the late second or third trimester. The importance of this condition lies in the clinical risks it poses to the unborn fetus of stillbirth, fetal distress, meconium passage and NICU admission. The dramatic elevation in maternal liver function tests can also lead to irreversible hepatic damage.

We aimed to identify the incidence of obstetric cholestasis in SUH. Compare our current investigation, criteria for diagnosis and management plan with National Guidelines and assess adverse maternal and neonatal outcomes associated.

All serum Bile Acid requests in SUH are sent to Biomnis in Dublin for processing. A log of all requests sent in 2018 was obtained from Biochemistry. Pregnant patients with values >8 were selected. A data collection proforma was designed. A retrospective chart review was preformed on the selected patients.

Of the 1302 births in SUH in 2018, 45 women tested positive for Obstetric Cholestasis giving an incidence of 3.5%. This is significantly higher than the stated incidence of 0.7% worldwide. Of these, 55% were being treated as per guidelines.

To assess as a unit whether we are over diagnosing these patients due to lack of consensus on a diagnostic cut off value for Bile Acid. Putting in place a treatment protocol will ensure standardised best practice, in line with RCOG guidelines.

74- POSTER (JOGS)

MEDICAL MANAGEMENT OF ECTOPIC PREGNANCY WITH METHOTREXATE IN SLIGO UNIVERSITY HOSPITAL

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Abstract

Worldwide ectopic pregnancy remains the leading cause of death in the first trimester, with an Irish incidence of 14.8 per 1000 pregnancies. Serial B-HCG measurement alongside sonography in Early Pregnancy Assessment Units is the mainstay of diagnosis. Systemic Methotrexate is a safe and effective treatment for those with minimal symptoms, adnexal mass <35mm and B-HCG <1500IU/L.

We aim to identify the incidence of medically managed ectopic pregnancies in Sligo University Hospital (SUH). Assess wether our management is compliant with that of National and International guidelines. Assess the incidence of repeat doses of methotrexate and/or surgical intervention. Identify areas for improvement in our management.

I obtained a log from pharmacy of those patients that received Methotrexate for ectopic pregnancy from January 2017 to December 2018. I prepared a data collection proforma. I then preformed a retrospective chart review of the selected patients.

There were 9 patients that met our criteria. 44% of these had previously had an ectopic pregnancy. Presentation varied from incidental finding in an asymptomatic patient, to severe pain and bleeding. 90% of ladies treated met the criteria for adnexal mass size and B-HCG level. One patient required a second dose of Methotrexate, and another surgical intervention. 100% of patients were compliant with their follow up.

We found that our management is highly compliant with clinical guidelines. However, our documentation of the same is poor. We intend to introduce a proforma to be completed throughout admission leading to improved documentation of management steps in this high-risk condition.

75- POSTER (JOGS)

AN AUDIT OF CURRENT CYTOGENETIC TESTING IN PREGNANCY LOSS AT CUMH

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Abstract

Cytogenetic testing of products of conception is recommended by international and IOG guidelines in cases of recurrent or late miscarriage, as well as stillbirth. CUMH is compliant with these guidelines, with tests carried out at a large tertiary genetics laboratory (GOSH, London).

The GOSH testing regimen involved QF-PCR and MLPA testing until August 2019, but has now changed to QF-PCR and CMA. This audit examined current testing at CUMH with regards appropriateness of testing, reporting time, report availability, sample failures and results obtained. We aim to re-audit in the future, to identify any differences between current and new testing regimens.

All tests sent from January 2018 to June 2019 were identified from a cytogenetics tracking database (n=307). Data were collected from laboratory reports and individual e-chart reviews. We compared our results to those obtained in a previous similar audit.

Only 89% (276/307) of the samples sent had a report available in the medical record. 21% (64/307) of samples were outside the recommended indications for cytogenetic testing. Genetic abnormalities were found in 42% (115/276) of samples with reports available, the most common of which were Triploidy (13.9%, 16/115), T21 (11.3%, 13/115) and T18 (10.4%, 12/115). 7.2% (20/276) of tests failed, predominantly due to sample collection error (5.1%, 14/276). Median reporting time was 23 days, while median time to upload results to charts was 37 days.

This audit identifies possible areas for improvement; report availability, changes in sample collection and education around recommended indications for cytogenetic testing.

76- POSTER (JOGS)

PLACENTA ACCRETA: DEVELOPMENT OF AN EARLY SCORING SYSTEM

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Abstract

Morbidity Adherent Placenta (MAP) is a serious life-threatening obstetric condition referring to the penetration of placental villi into the uterine muscle to the uterine serous layer. Depending on the depth of the invasion, it is known as placenta accreta, increta or percreta. MAP is associated with significant maternal and fetal morbidity and mortality. Major risk factors include previous accreta, Caesarean delivery, uterine surgery and repeated uterine curettage. Ultrasound is the mainstay of antenatal diagnosis, with a sensitivity of 87-95% and specificity of 82-93%.

We aim to analyse our cases of MAP since establishment of a dedicated MDT in UMHL, and implement a scoring system. This will enable risk stratification into low, medium and high risk groups. Moderate to high risk women will then be reassessed at 18-20 weeks for definitive diagnosis of MAP depending on standardised ultrasound imaging signs. Predicting the severity of MAP will the enable the provision of multidisciplinary counselling, planning and timing of delivery.

From July 2018 to August 2019, all patients that met the criteria of MAP were selected. A data collection proforma was prepared. A retrospective chart review was preformed. Data analysis was carried out using Excel.

In total 6 patients met the criteria. Ranging from Para 1-4, all previously had Caesarean delivery. Gestation at delivery ranged from 30+1 to 36+2.

Since introduction of a dedicated MDT we experienced a significant decrease in maternal morbidity in patients with placenta accreta in our unit. Implementation of a scoring system will enable earlier identification and therefore planning.

77- POSTER (JOGS)

Simulation of Labor Management Improves Clinical Skill and Can Save Lives

Catherine Finnegan[1,2], Suzanne Smyth[1,2], Mark Hehir[2], Sarah Nicholson[1,2], Karen Flood[1,2], Fergal Malone[1,2]

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Abstract

Previous studies have examined the role of simulating vaginal delivery, but none have examined third stage management. As vaginal delivery provides huge variation, we sought to examine if simulation of standard management of third stage of labor improved clinical skill in medical students.

Fourth year students from RCSI were recruited during their OBGYN rotation. They were given a quiz on management of third stage. Following this they attended a tutorial using a high fidelity birthing simulator to perform spontaneous vaginal delivery and deliver placenta. They then spent one week on labor ward. During this they were provided with a clinical skill sheet regarding management of the third stage. This was completed by a doctor or midwife witnessing them manage the third stage for a patient. The scores of the quiz were compared to the clinical skills sheet.

100 students completed the quiz before attending the tutorial and 91 students returned completed clinical skills sheets from labor ward attachment. Of the 100 students who completed the quiz, noone answered all questions correctly and only 11 students (11%) had received >8 marks. The average score was 4.47. 91 returned their clinical skill sheet. 68 were fully competent to manage the third stage, and a further 23 were deemed competent but had missed one aspect and needed prompting.

Simulation of management of the third stage of labor improves clinical skill in medical students. Despite most not pursuing a career in OBGYN, they now possess the skill to manage a potentially life threatening situation.

78- POSTER (JOGS)

DRUGGLE: IMPROVING MEDICATION SAFETY AND PRESCRIBING PRACTICES IN AN OBSTETRIC DEPARTMENT

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Abstract

DRUGgle is a medication safety focused discussion, held once weekly after the morning handover on labor ward. It is led by an Obstetric team member, to a multidisciplinary audience. It involves reviewing the prescribing practices, highlighting the most erroneous ones and setting goals to be achieved for that week. Leading to overall better prescribing practices.

We aim to increase compliance with prescribing guidelines to 100% on all wards in UMHL over a three month period. Alert doctors and midwives to common prescribing errors and the potential implications of same. Change behaviours leading to improved prescribing and reduction of errors. Build a strong safety based culture.

A data collection proforma was prepared, based on the paediatric DRUGgle proforma and adapted to include relevant questions for an obstetric population. 5 random charts were selected from each of the three wards in UMHL- one antenatal, two postnatal. This data was then analysed.

15 kardexes were included in the study with a total of 134 prescriptions. 47% used capital letters, 55% had clearly marked decimal points, 92% had correct dose, 97% frequency, 97% correct route of administration, 53% used generic drug name, 0.07% max 24hour dose, 0.3% prescribers MRN. Diclofenac charted more than once per kardex with multiple doses/routes.

Following education sessions, 5 randomly selected drug kardexes will be audited each week. Education on prescribing in Obstetrics will be provided to non obstetric NCHDs. We hope to see an improvement as we track compliance rates over time.

79- POSTER (JOGS)

ARRHYTHMOGENIC RIGHT VENTRICULAR CARDIOMYOPATHY/DYSPLASIA IN PREGNANCY: A CASE REPORT AND LITERATURE REVIEW

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Abstract

Arrhythmogenic right ventricular cardiomyopathy/dysplasia (ARVC/D) is an autosomal dominant condition that may predispose patients to life-threatening arrhythmia, posing a potentially significant cardiac risk in pregnancy. Management of this condition is performed on a case-to-case basis as research is limited.

A 28-year old woman was diagnosed with ARVC/D following genetic screening performed after the sudden death of her sibling, at which point a prophylactic implantable cardioverter defibrillator (ICD) was placed. She recently had a miscarriage at 10 weeks gestation, which was successfully managed medically. ARVC/D is uncommonly considered alongside pregnancy, therefore patients are managed individually, which requires a thorough understanding of current strategies.

A literature review was performed using PubMed to assess current knowledge of ARVC/D in pregnancy.

Although limited, published case reports and few systematic reviews conclusively describe safe pregnancy in mothers with ARVC/D. In the majority of cases, pregnancy is safe to progress to term and vaginal delivery is preferred, where Caesarean section is only indicated in cases of obstetric complications. Prophylactic ICD placement is the first-line management to prevent arrhythmia; flecainide, or radio-ablation are the preferred second line treatments in the absence of an ICD. To reduce the risk of arrhythmia, beta-blockers should be continued throughout the pregnancy.

ARVC/D poses a cardiac complication that requires unique management and counselling. Although the majority of cases go on to deliver vaginally, safe management of pregnancy includes frequent monitoring of mother and foetus as well as precautions regarding delivery.

80- POSTER (JOGS)

CHANGING TIMES: STAFF VIEWS ON IMPLEMENTATION OF TERMINATION OF PREGNANCY SERVICES IN IRELAND

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Abstract

In May 2018 the people in Ireland voted by an overwhelming majority in favour to repeal the eighth amendment of the constitution, allowing for the legislation for the introduction of termination of pregnancy services in January 2019.

The aim of our study was to assess the views of staff in relation to providing termination of pregnancy services in our unit, and whether "conscientious objectors" would be willing to provide care to women seeking abortion in various circumstances.

This was a questionnaire survey which was made available to all staff working in various areas of our maternity and gynaecology department. Surveys were distributed throughout the hospital and were completed and returned anonymously at the discretion of the individual.

A total of 60% of staff who completed and returned the questionnaire are willing to provide care to women presenting to our unit for termination of pregnancy for any reason, with 93% in cases of risk to the mother's life, 80% in the cases of fatal fetal abnormality and 76% of staff in cases of rape, sexual assault or severe social circumstances. The majority of staff who returned the questionnaire expressed that more training and education was necessary to provide this new service.

This survey highlights that the views of staff members who completed the survey and were reflective of the views of the Irish population with regards to the implementation of abortion services in the Republic of Ireland.

81- ORAL & POSTER (JOGS)

EXTERNAL VALIDATION OF A RISK PREDICTION TOOL FOR CAESAREAN DELIVERY: RESULTS OF THE RECIPE STUDY

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Abstract

The ability to predict intrapartum Caesarean Delivery (CD) holds the potential to facilitate birth choices.

The objective of the RECIPE study (Reducing Emergency Caesareans and Improving Patient Experience) was to externally validate a CD risk prediction tool. This tool, produced by the Genesis study, identified 5 key predictors for intrapartum CD: maternal age, maternal height, maternal BMI, fetal head circumference and fetal abdominal circumference.

We recruited from 2 large obstetric units for this prospective, observational study. Inclusion criteria included nulliparous women with a singleton, cephalic presentation fetus in the absence of IUGR, oligohydramnios, pre-eclampsia, pre-existing diabetes mellitus or an indication for planned CD. Participants attended for assessment from 38+0 - 40+6 weeks' gestation. Labour and delivery outcomes were collected. The Genesis model was applied to the RECIPE cohort and a calibration curve was determined with Area Under the Curve (AUC) assessed.

559 nulliparous women were enrolled from May 2017 to April 2019. 142 (25%) had a CD. Women with a low predicted risk score (<10%) had a similarly low actual rate of CD (8%). Women with a high predicted risk (>50%) had a high actual CD rate (62%).

This validation study showed similar discriminatory power for intrapartum CD (AUC=0.72) compared to the original study (AUC=0.69).

The accuracy of the CD prediction tool is supported by this validation study. Prelabour knowledge of a high prospect of achieving a vaginal birth reassures nulliparous women of their high probability of success and may help to stratify women into appropriate models of antenatal care.

82- ORAL & POSTER (IPNS)

PREDICTION OF THE RISK OF COMPLICATED BIRTH: RESULTS OF THE RECIPE STUDY

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Abstract

The ability to predict the need for complicated birth carries the potential to facilitate birth choices.

The objective of the RECIPE study (Reducing Emergency Caesareans and Improving Patient Experience) was to externally validate a Caesarean delivery (CD) risk prediction tool. This tool, produced by the Genesis study, identified 5 key predictors for intrapartum CD: maternal age, maternal height, maternal BMI, fetal head circumference and fetal abdominal circumference. This analysis aimed to examine its accuracy in predicting complicated vaginal births.

We recruited from 2 large obstetric units for this prospective, observational study. Inclusion criteria included nulliparous women with a singleton, cephalic presentation fetus in the absence of IUGR, oligohydramnios, PET, pre-existing diabetes mellitus or an indication for planned CD. Participants attended for assessment from 38+0-40+6 weeks' gestation. Labour and delivery outcomes were collected. We analyzed the ability of the risk prediction tool to predict complicated births (double-instrument vaginal deliveries, shoulder dystocia and obstetric anal sphincter injury).

559 nulliparous women were enrolled from May 2017 to April 2019. For complicated pregnancies the prediction model was most accurate in predicting those women who were least likely to have a complicated birth.

Given its accuracy at predicting women least likely to have a complicated birth, this tool has value in counselling women who may have a very low risk of a complicated birth but are apprehensive about proceeding with vaginal delivery. This may further lead to a reduction in the numbers of planned CD for maternal request in nulliparous women without a clinical indication.

84- POSTER (JOGS)

ITP AND MENORRHAGIA - A CASE OF CHICKEN OR THE EGG?

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Abstract

This case is an extreme example of menorrhagia, causing or caused by severe immune thrombocytopenic purpura (ITP), and extensive endometriosis.

Ms S, a 40-year-old nulliparous woman, presented to A&E with worsening dyspnoea and extreme fatigue, with new onset dizziness and palpitations. She had a chronic history of menorrhagia, endometriosis, and infertility, but reported continuous heavy bleeding for the previous 28 days. On examination, she weighed 158kg, had a sinus tachycardia of 130bpm, with clots in the vagina, and a normal cervix.

An FBC showed severe thrombocytopenia (platelet count 4 x10^9/L, repeat count 1 x10^9/L), microcytic hypochromic anaemia (Hb 4.9g/L), reticulocytosis (236%), and low haematocrit (0.18 L/L). She reported she had a platelet count of ~70 in the past. MRI pelvis later showed bilateral “kissing ovaries”, 10cm on the right, 8cm on the left, and bilateral hydrosalpinx.

With the Haematology team, the diagnosis of immune thrombocytopenic purpura was made.

She was treated with IVIG and IV hydrocortisone until her platelets recovered. She received four units of RBCs and one pool of platelets. Tranexamic acid was given to manage her bleeding, and Ferinject to replace iron stores. On day four her platelets returned to 100 x10^9/L and her Hb was 7.3g/L and she was discharged.

This case illustrates the acute management of ITP in the setting of severe menorrhagia. It is thought that her severe anaemia triggered an exacerbation of previously subclinical ITP, which in turn exacerbated her menorrhagia.

85- ORAL & POSTER (JOGS)

Maternal Predictive Demographics and Safest Gestational Age of Spontaneous Onset of Labour

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Abstract

Historically, spontaneous onset of labour (SOL) and delivery is accepted as the safest mode of delivery for mother and baby. Data surrounding the gestational of spontaneous labour (GA-SOL) and safest time for GA-SOL is currently lacking. This information could inform complex clinical decisions around timing of delivery.

This study aimed to determine the most common and safest gestation of spontaneous onset of labour.

A retrospective study was conducted examining all women with SOL at term with singleton cephalic pregnancies over seven years. Women were excluded if they did not have a first trimester dating scan or if they booked after 14 weeks. The primary outcome was the median GA-SOL. Secondary outcomes was variation in GA-SOL based on maternal characteristics as well as variation in mode of delivery, NICU admission and Low Apgar rate based on GA-SOL. Statistical analysis was performed using SAS Version 9.4. Ethical approval was granted by the institution's Research Ethics Committee.

30,181 patients were included. Median gestational age of spontaneous labour is 39.7 weeks and varied with maternal height but not maternal age, BMI or parity. The highest vaginal delivery rate and lowest rates of NICU admission and low Apgar scores were seen with women with SOL at 38-39+6 weeks gestation.

The optimum gestation of spontaneous labour is between 38-39+6 weeks gestation. This data guides clinicians when making decisions about timing of delivery and may be particularly useful tool in planning induction of labour.

86- ORAL & POSTER (ISGO)

AUDIT TO DETERMINE COMPLICATIONS AND FEASIBILITY OF OVARIAN TRANSPOSITION AFTER RADICAL HYSTERECTOMY FOR CERVICAL CANCER IN GALWAY UNIVERSITY HOSPITAL

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Abstract

Ovarian transposition is a surgical manoeuvre used to protect the ovaries from gonadotoxic doses of radiation to the pelvis after radical hysterectomy for cervical cancer. The ovaries are separated from the uterus and fallopian tubes and surgically attached to the abdominal wall away from the radiation field.

The purpose of this audit is to determine the effectiveness and potential complications arising from the transposition of the ovaries. Routinely the procedure is used if there is a risk of pelvic radiation being required post-surgery in a premenopausal woman.

Patients were identified from our prospectively maintained gynae-oncology database. A retrospective chart review was used in a four year period to determine all patients who had ovarian transposition performed at time of radical hysterectomy. Data collected was age, radiotherapy post-surgery, premature menopause and complication of oophoropexy.

Ten women met the criteria to be included in the audit. The average age was 37 years. 3 women included had radiation following surgery and all three developed clinical symptoms of menopause despite oophoropexy. An additional patient that did not require radiation also had premature ovarian failure. Two women in the non-radiated group developed surgical complications of oophoropexy- one patient developed lymphocele and one developed an ovarian cyst at the site of ovarian transposition which was managed surgically.

Ovarian transposition is a safe procedure which in our cohort doesn't seem to protect against ovarian failure post radiotherapy. Surgical complications were demonstrated to be low but a larger number is needed to determine feasibilty of the procedure.

87- ORAL & POSTER (JOGS)

SOCIAL DETERMINANTS OF OUTCOME OF LABOUR AND OTHER VARIABLES; A STUDY OF PRIMIPAROUS WOMEN IN A HOSPITAL IN NORTH-WEST IRELAND.

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Abstract

The social determinants of maternal outcome have oft been studied in large, urban populations, but rarely in small rural ones.

We aimed to investigate the effects of maternal age, body mass index (BMI), proximity to the hospital, breastfeeding plans, induction of labour (IOL) and epidural analgesia on the outcome of labour in primiparous women, and also assess any 'physician effect'.

Data was collected from January 1st - December 31st, 2018 in a hospital in North-West Ireland. Of 1,484 women delivered, 446 met the inclusion criteria; primiparous women with a singleton, cephalic pregnancy who underwent labour ≥37 weeks gestation. Univariate analysis and a multinomial regression model were carried out to calculate the odd ratio(OR) and the 95% confidence interval (CI).

Maternal intentions to breastfeed were associated with a lower risk of caesarean deliveries (CD) (OR=0.344, CI[0.201-0.59], p<0.001). There was no demonstrated 'physician effect'; lead consultant had no significance on outcome (p=0.241), nor did time of delivery of delivery, taken as a surrogate marker of when clinical decisions were made (p=0.711). Proximity to the hospital was not significant (p=0.363). CD were shown to increase with increasing maternal age, (OR=1.104, CI[1.048-1.162], p<0.001), rising BMI (OR=1.102, CI[1.023-1.187], p=0.01) and epidural analgesia (OR=2.191, CI[1.307-3.67], p=0.003). IOL was not shown to increase CD (p=0.086) nor instrumental vaginal deliveries (IVD) (p=0.313). IVD and CD accounted for 73.2% of the total complications(p=0.033).

In a population where older, primiparous mothers are becoming the norm, this study demonstrates confounding factors that also affect labour outcome.

88- POSTER (JOGS)

OBSTETRIC ANAL SPHINCTER INJURY - WHAT NEXT?

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Abstract

BACKGROUND

The incidence of OASIS varies widely and it's higher in primiparous women. RCPI, RCOG and SOGC guidelines recommend antibiotics prophylaxis, the use of laxatives and follow up with physiotherapy in order to avoid complications.

AIM

To investigate if women after OASIS repair receive antibiotic regime and laxative as recommended by local hospital policy as well as physiotherapy assessment prior to discharging home.

METHODS

All women sustaining an OASI in CUMH in 2018 were recruited in this audit. All data were collected from the password-protected digital charts recorded in the electronic system used in our maternity unit.

RESULTS

54 women sustained an OASI in our maternity in 2018. For all patients there was clear documentation regarding the systemic examination prior to OASIS repair, type of analgesia, suture material used and repair method in a ready-made OASIS form. 100% of the women received antibiotic regime as well as laxatives. Only 98.1% of the women were seen by physiotherapy prior to their discharge home, as one woman self-discharged prior to review. All women received physiotherapy follow-up in CUMH.

CONCLUSION

The electronic system for recording data and the repair form are useful tools in having good quality documentation. There is 100% compliance to the antibiotics and laxatives requirements. The results on physiotherapy review were biased by the patient who signed against medical advice, but the follow up with the physiotherapy department was made for 100% of the women. Overall, the maternity unit in CUMH has a good adherence to the national guidelines.

89- POSTER (JOGS)

SUBJECTIVE BIRTH EXPERIENCE OF FATHERS: A QUANTITATIVE AND QUALITATIVE ANALYSIS

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Abstract

The role of the father has dramatically changed in recent years with most men now attending the delivery of their child. This attendance can have large impacts on the fathers emotionally and in terms of their mental health. The birth experience has been widely studied in women but poorly explored in men. Previous research has shown that a negative birth experience can have a long-lasting impact on women and increase their risk of postnatal anxiety, depression and post-traumatic stress disorder. This study aimed to investigate what men are experiencing during the birth of a child. This study was carried out using surveys created by this author to assess the birth experience in fathers. All participants were asked to select all emotions that applied to them in relation to the birth and they were then asked to elaborate on the selected emotions. The surveys had both quantitative and qualitative elements to them. 200 surveys were distributed to fathers on the postnatal ward within days of the delivery of their child, 69 completed surveys were returned. There were 300 positive emotions and 65 negative emotions expressed in total by the participants. The qualitative data demonstrated a higher level of distress than what was detected by the quantitative data. While most men on this study had a positive birth experience there are a cohort of men very distressed by the process. These men are at risk of developing anxiety, depression and post-traumatic stress disorder, they could benefit from interventions in the postnatal period.

90- POSTER (JOGS)

SUBJECTIVE BIRTH EXPERIENCE OF MOTHERS: A QUANTITATIVE AND QUALITATIVE ANALYSIS

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Abstract

Recently, there has been huge interest in perinatal Mental Health Services. Perinatal mental health refers to mental health in the period spanning the pregnancy, childbirth and the first postnatal year. Previous research has shown that a negative birth experience can have a long-lasting impact on women and increase their risk of postnatal anxiety, depression and post-traumatic stress disorder. This study aimed to investigate what women are experiencing during the birth of their child. This study was carried out using surveys created by this author to assess the birth experience in mothers. All participants were asked to select all emotions that applied to them in relation to the birth and they were then asked to elaborate on the selected emotions. The surveys had both quantitative and qualitative elements to them. 200 surveys were distributed to mothers on the postnatal ward within days of the delivery of their child, 99 completed surveys were returned. There were 436 positive emotions and 115 negative emotions expressed in total by the participants. The qualitative data was mostly focused on praising the staff rather that focusing on the mother's own experience. Previous studies have highlighted the importance of the relationship with the staff in relation to a positive birth experience. While most women in this study had a positive birth experience there are a cohort who are very distressed by the experience. These women are at risk of developing perinatal mental health illness and could benefit from interventions in the postnatal period.

91- POSTER (JOGS)

BLOOD TRANSFUSION IN OBSTETRICS – STEMMING THE FLOW

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Abstract

An increase in the demand for the blood, along with a decreasing donor pool and increasing awareness of the potential risk of blood transfusion has called for more innovative patient safety strategies in obstetric care. Many specialties have introduced conservative blood transfusion strategies, however minimal data exist on such an endeavour within obstetrics.

This study assessed the implementation of a patient safety management strategy to introduce restrictive red cell transfusion in the clinically stable postnatal patient with anaemia.

This prospective study was carried out from 2014–2018. Postnatal patients who received either one or two units of blood were included (n=545). Pre and post transfusion haemoglobin (Hb) values were compared. Data was collected on mode of delivery and estimated blood loss. Statistical analysis was performed using SPSS.

A successful change in practice was achieved since introduction of the strategy in 2014. Single unit transfusion increased from 8% in 2014 to 69.6% in 2018. The rate of blood transfusion in our obstetric cohort is 1.5%-2%, remaining consistent over the study period. Despite this, the total number of units transfused has reduced dramatically. There was a < 10g/L difference in post transfusion Hb values between those who received 1 unit of red cells and those who received two units, highlighting that patient care was not compromised.

A restrictive transfusion policy is safe and acceptable, to patients and clinicians alike, in the obstetric setting. A reduction of 20-30% of RCC transfused per annum was seen associated with cost savings of over E30,000.

92- POSTER (JOGS)

PREVALENCE OF POSTNATAL DEPRESSION AMONG MOTHERS AND FATHERS IN UNIVERSITY MATERNITY HOSPITAL LIMERICK

Maeve Smyth, Aoife Corcoran, Mendinaro Imcha, Mas Mahady

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Abstract

Perinatal Mental Health now includes both parents and is no longer viewed as something that only affects women. Despite this recognition paternal mental health is poorly understood, under researched and under diagnosed. Rates of perinatal depression vary hugely in the literature, but it is generally accepted that 10-15% of women and 5-10% of men will suffer from perinatal depression. The Edinburgh Postnatal Depression Scale has been validated for use in both men and women in the perinatal period although a lower screening cut-off is suggested for men due to how men process emotions. This study aimed to gather postnatal depression prevalence data for University Maternity Hospital Limerick. The study was carried out but asking participants to complete the Edinburgh Postnatal depression Scale. A total of 200 couples received the surveys on the postnatal ward within days of the delivery of their child. 99 women and 69 men returned completed surveys. None of the participants reached the screening criteria for a severe depressive episode. 6% of women achieved scores of greater than or equal to 10, this score equates to mild to moderate depressive symptoms. 4.5% of men had a score greater than or equal to 11 which is above the cut off for mild to moderate depressive symptoms. While these results are lower than what is seen in the literature it can potentially be explained by the timing of the screening and true results may be masked by the hormone rush associated with the delivery of a baby.

93- POSTER (JOGS)

Gestational diabetes: when to transition to supplemental glucose-lowering therapy beyond lifestyle intervention

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Abstract

The rising prevalence of Gestational Diabetes (GDM) calls for a novel approach to its management. We sought to determine the glucose levels above which dietary therapy alone should be considered to be insufficient.

This is a prospective cohort study of 50 women diagnosed with GDM at 26 weeks' gestation. Participants self-monitored daily fasting blood glucose levels (BGL) and three 1-hour postprandial BGL per day. Following delivery, glycemic data on each glucometer were analyzed and median and inter-quartile ranges were determined.

7,687 data points for 50 pregnant women with GDM were analysed. The median number of readings per patient was 114 (IQR 62 – 197). Thresholds of 95 mg/dl and 140 mg/dl were used for fasting and postprandial levels. Using a cut-off of 50% readings above-threshold per week results in a 4% patient re-call rate for review and consideration for hypoglycaemic therapy, compared to a 14% recall rate if a more stringent standard is applied. For macrosomia cases (BW >4kg) the average proportion of above-threshold values was 56% through the 3rd trimester compared to 32% in those with BW<4kg. A generalised estimating equation approach found a statistically significant difference using the 50% cut-off in relation to macrosomia (p=0.011).

Optimally adopted dietary modification should succeed in achieving satisfactory glycaemic control for the majority of women with GDM, such that hypoglycaemic agents are reserved for the minority in whom lifestyle intervention is insufficient. These data offer informative insight into the clinical and resource implications of setting various thresholds for optimal glycaemic control.

94- ORAL & POSTER (IPNS)

Are we capturing all cases of midtrimester prolonged rupture of membranes in Ireland?

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Abstract

Background:

Midtrimester prolonged rupture of membranes (MT-PROM) is a complication of pregnancy that may result in severe maternal morbidity or mortality. In January 2017, the National Perinatal Epidemiology Centre (NPEC) launched a national audit to retrospectively gather information on all cases of MT-PROM in Ireland. This is a rare event and this study aimed to determine if using HIPE data would improve case ascertainment.

Methods:

Eligibility criteria included women with a gestation between 12^{+0} and 23^{+6} with ruptured membranes of at least 24 hours. Using ICD-10AM codes for PROM; O4211 to O429, data was obtained from the Hospital In-Patient Enquiry (HIPE) database at CWIUH from 1st January 2017 to 31st May 2019. Cases of MT-PROM identified by HIPE were compared against previously identified cases at site.

Results:

HIPE identified 71 records, of which 55% (n=39) were eligible for inclusion in the MT-PROM audit at CWIUH. Of the cases that met the inclusion criteria, 23% (n=9 of 39) were previously identified at the CWIUH and reported to NPEC while 77% (n=30) had not previously been identified by the current recording system at CWIUH. There were also nine cases of MT-PROM identified through the current CIUWH recording system which were not identified by HIPE giving a total of 48 cases of MT-PROM.

Conclusion:

Utilising the HIPE database improved case ascertainment for the MT-PROM audit compare to the current system. This strategy could be employed nationally to augment current system and improve reporting of these rare cases.

95- POSTER (JOGS)

PREVALENCE OF POSTNATAL ANXIETY AMONG MOTHERS AND FATHERS IN UNIVERSITY MATERNITY HOSPITAL LIMERICK

Maeve Smyth, Aoife Corcoran, Mendinaro Imcha, Mas Mahady

University Maternity Hospital Limerick, Limerick, Ireland

Abstract

Perinatal Mental Health now includes both parents and is no longer viewed as something that only affects women. Despite this recognition paternal mental health is an area that is poorly understood, under researched and under diagnosed. The rates of perinatal anxiety vary in the literature from 10-30% for women and 5-15% for men. One problem with the assessment of perinatal anxiety is the lack of a gold standard test, the GAD-7 screening tool is commonly used but is not actually validated for use in the perinatal period. This study aimed to gather postnatal anxiety prevalence data for University Maternity Hospital Limerick. The study was carried out but asking participants to complete the GAD-7 screening tool for anxiety. A total of 200 couples received the surveys on the postnatal ward within days of the delivery of their child. 99 women and 69 men returned completed surveys. This study found a prevalence of mild anxiety of 33% for women and 9% for men, no women scored positive for moderate or severe anxiety based on the GAD-7 scores. No men scored positive for severe anxiety but 4.5% of male participants scored positive for moderate anxiety based on their GAD-7 score. These figures do not match the previous literature. This variation in results could be related to the timing of the assessment, the results may have been altered by the relief of having a health baby and by the emotional surge involved in welcoming a baby into the world.

96- POSTER (JOGS)

MULTIPLE UTERINE LEIMYOSARCOMA : A RARE GYNAECOLOGIC MALIGNANCY

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Abstract

Leiomyosarcoma is a rare malignancy of uterus accounting for only 1–2% of all uterine malignancies and < 1% of all gynaecologic malignancies thus requiring high index of suspicion for diagnosis. The most common presentations of leiomyosarcoma is post-menopausal bleeding (85%) and pelvic pressure or pain (10%). The diagnosis is challenging especially in pre-menopausal woman. Signs of a rapidly growing uterine mass especially in a post-menopausal woman may often be the only symptom. About 0.1-0.3% off all hysterectomies for fibroids have a final diagnosis of leiomyosarcoma.

We report a rare case of 62-year-old who was referred from a periphery hospital for uterine artery embolization (UAE). On magnetic resonance imaging (MRI), multiple large fibroids were noted, cardinal signs of malignancy were not present and after multi-disciplinary team (MDT) meeting, she was given a date for UAE.

Unfortunately, after UAE her symptoms progressed and the size of fibroids increased and a decision for hysterectomy was made with a prescription for decapeptyl for symptomatic relief while awaiting surgery. Surgery was complex and was suspicious for leiomyosarcoma when it was found that the multiple fibroids had lost their normal architecture.

Pathologically, multiple leiomyosarcomas were diagnosed and patient was worked up accordingly. This was an unfortunate case of delayed diagnosis, due to the belief that in the presence multiple growing leiomyomas, cancer was less likely. Therefore, we recommend that rapidly growing fibroids in a post-menopausal woman must have a working diagnosis of leiomyosarcoma till proven otherwise.

97- POSTER (JOGS)

PREVALENCE OF POSTNATAL POST-TRAUMATIC STRESS DISORDER AMONG MOTHERS AND FATHERS IN UNIVERSITY MATERNITY HOSPITAL LIMERICK

Maeve Smyth, Aoife Corcoran, Mendinaro Imcha, Mas Mahady

University Maternity Hospital Limerick, Limerick, Ireland

Abstract

Perinatal Mental Health now includes both parents and is no longer viewed as something that only affects women. It is well established that labor and delivery may act as a traumatic stressor for women and there is potential for her accompanying partner to be similarly affected. The problem with screening for postnatal PTSD is the lack of a gold standard test, the screening tools used in the general population may not be appropriate for use in the perinatal period due to the specific and complex range of emotions. This study aimed to gather postnatal PTSD prevalence data for University Maternity Hospital Limerick. Participants completed the PCL-C screening tool for PTSD. A total of 200 couples received the surveys on the postnatal ward within days of the delivery of their child. 99 women and 69 men returned completed surveys. This study found 9 women and 3 men scored above the cut off, these individuals require further assessment to confirm or exclude diagnosis. Although the timing of completion of the surveys is not appropriate for the diagnosis of PTSD it may be useful as a marker of participants scoring highly at an early stage which could represent previous illness, early onset disease, acute stress reaction or those at high risk of developing post-traumatic stress disorder. The results obtained here reflect other studies that have examined acute stress reaction in the days following delivery. Future studies should look at the validation of a screening tool for PTSD in the perinatal period.

98- POSTER

Towards defining the immune-epithelial IL-17 axis in the endometrium

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Abstract

Previous research in our group found that the IL-17A pathway is differentially expressed between women with successful or unsuccessful ART outcomes. Increased IL-17A levels negatively correlate with live birth rate. However, the endometrial cell populations involved in IL17 production and responses have yet to be defined. We have also shown that IL-17 regulates expression of epithelial antimicrobial peptides (AMP) in the female reproductive tract. IL17 may therefore play a key role in modulating endometrial innate immune responses.

The aim was to investigate the immune-epithelial IL-17 axis in the endometrium, using an immunohistochemical analysis approach.

Patients were recruited when attending for assisted reproduction treatment (n=5). Endometrial biopsies were taken in the luteal phase of the menstrual cycle. Immunohistochemistry was used to localise cell expression of IL17 cytokine and IL17 receptor.

Immunostaining for IL-17A revealed localisation to stromal immune cells, while the IL-17 receptor was ubiquitously expressed in epithelial cells. These findings suggest that stromal immune-cell derived IL-17 cytokine binds the IL17 receptor in epithelial cells, facilitating endometrial responses such as AMP production.

Immune factors in the endometrium are known to influence implantation and pregnancy outcomes. IL17A levels negatively correlate with live birth rate. Increased IL-17 and AMP expression in the endometrium of patients who fail to achieve pregnancy may reflect functional changes in the endometrial innate immune milieu, and allow prediction of patients who are likely to have positive reproductive outcomes in ART. Further research is ongoing to validate and expand these findings.

99- POSTER

Dysregulation of IL-17 pathway and the impact on outcomes of ART cycles- an update

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Abstract

We recently showed that dysregulation of the IL-17 pathway influences the outcome of ART cycles. Elevated levels of endometrial and serum IL-17 were associated with a reduced live birth rate. We wished to further investigate the underlying mechanisms involved.

Our aim was to investigate if serum IL-17A levels impact on embryo fertilisation, embryo development and cumulative pregnancy outcomes in women undergoing ART cycles.

Women undergoing IVF/ICSI were recruited. Patients were ≤38 years, with no previous pregnancy and BMI<30kg/m². Peripheral blood samples were taken at mid-luteal cycle phase, timed with luteinising hormone testing; n=29. Serum IL-17 levels were correlated with fertilisation rates, embryo quality and pregnancy outcomes.

Mean fertilisation rate for oocytes retrieved from women with a serum IL-17A level of <50pg/ml (0.7283; n=9) is significantly increased compared to that of women with a serum IL17A level of >50pg/ml (0.5857; n=11); p= 0.0193. With lower circulating IL-17A there is also a trend towards improved embryo quality, but does not reach statistical significance. The cumulative live birth rate in women with serum IL-17 <100pg/ml (93.33%; n=15) was higher than that of women with levels >100pg/ml (75%;n=12).

Our previous work has found that dysregulation of IL-17A impacts on success of ART. This further analysis suggests an effect on egg quality and subsequent embryo development. Therefore it is possible that immune dysregulation could have effects beyond the endometrium, including on oocyte quality. Further research is planned to further evaluate the impact of IL-17A levels throughout ART cycles on reproductive outcomes.

100- POSTER (JOGS)

An exploration of womens experience of being involved in research during pregnancy

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Abstract

Introduction: Pregnant women are seldomly included in randomised controlled trials (RCTs) and their attitudes and experiences of this are rarely investigated. Gathering feedback of their experience is paramount for future trial design to facilitate participation.

Methods: A qualitative study was undertaken to examine the barriers, facilitators and motivators related to participation in research during pregnancy. This was a nested study within the PARROT Ireland RCT at a single recruiting site. PARROT Ireland was a national, multi-site RCT of a diagnostic test for pre-eclampsia; Placental Growth Factor. In-depth semi-structured interviews with 19 women who had recently participated were conducted.

Results:Women recounted how the compassionate and empathic approach adopted by the researcher during recruitment was a key motivator in their agreement to consent take part in the RCT. The timing of this approach, in an appropriate environment, encouraged women to enrol. Barriers for participation identified were; the subject being studied, the time commitment required and the possibility of taking a medication while pregnant. The main facilitators for participation in PARROT Ireland were that it did not involve taking a medication, the test was performed immediately and no follow-up appointments were required. The potential to benefit others in a future pregnancy also influenced their participation.

Conclusion:When given a detailed explanation of the purpose and the requirements of taking part, women are happy to be included in RCTs. Identifying the correct timepoint and location to approach women, are key elements in ensuring the success of research studies in pregnancy.

101- POSTER (JOGS)

AUDIT OF INCIDENCE AND MANAGEMENT OF OBSTETRIC ANAL SPHINCTER INJURIES (OASIS) FROM JANUARY 2016 TO DECEMBER 2018 IN CAVAN GENERAL HOSPITAL

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Abstract

Obstetric Anal Sphincter Injury (OASIS) is a known complication of vaginal deliveries. Failure to recognise it or carry out an adequate repair may be considered substandard care as it results in fecal and flatal incontinence. Incidence of OASIS is reported to be between 0.5-3% in Europe and overall incidence in UK is 2.9%.

Purpose was to find out incidence of OASIS, to identify any shortcomings in practice and to examine adherence to RCPI and RCOG guidelines in the Maternity Unit of Cavan General Hospital from January 2016 to December 2018.

Cases were identified from hospital database. Retrospective review of records of these cases was done.

2924 vaginal deliveries took place in this 3 years time period. Out of these, 45 women endured OASIS; rate of OASIS being 1.5%. Type 3B being the most common contributing to 59.5% of total. 98% cases were repaired in the theatre under Epidural or Spinal Anesthesia. 76% cases were the result of a spontaneous vaginal delivery and instrumental deliveries were associated with 24%. In 71% cases episiotomy was not done. 86% cases were repaired by registrars while 12% by consultants. 67% cases were repaired by end to end technique while 33% by overlapping technique. Post operative antibiotics and laxatives were given in 100% of cases and all patients were seen by physiotherapist prior to discharge.

Overall good adherence to national guidelines was noted. In 3 case notes, suture material was not documented properly. So more emphasis on documentation is recommended for future.

102- POSTER

A SINGLE CENTRE EXPERIENCE OF ADOLESCENT MALE FERTILITY PRESERVATION

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Abstract

Approximately 200 children and young adolescents are diagnosed with cancer in Ireland every year. As survival rates in this group are now above 80%, there is an increasing emphasis on quality of life for survivors. One of the most important effects of cancer treatment is fertility loss. 30% of male survivors of childhood cancer suffer from azoospermia, and 18% have oligospermia.Where appropriate, post-pubertal boys who are given a cancer diagnosis should be offered sperm cryopreservation prior to treatment, as this is a relatively non-invasive option which doesn't delay oncology treatment to any significant degree.

In August 2018, in conjunction with Children's Health Ireland at Crumlin, Merrion Fertility Clinic set up and currently funds a sperm cryopreservation service for adolescent males.

Our aim was to examine the cohort of adolescent males referred for sperm cryopreservation, evaluating patient demographics and semen parameters.

13 males were referred to our service. Age range was 12 to 17 years old.Of the 13 referrals, 10 patients attempted production.6 had sperm cryopreserved which is suitable for future use. 2 samples were not suitable for cryopreservation, 1 patient was unable to produce a sample, 1 had no sperm in sample produced.

This is the first structured fertility preservation service for adolescents in Ireland.There is a clear referral pathway and defined service user interface.This is a critical development for AYA cancer patients, however there is still more work to be done. Sperm cryopreservation is the most accessible method of safeguarding fertility in male patients facing cancer treatment.

103- POSTER (JOGS)

CORRELATION BETWEEN POSTNATAL MENTAL HEALTH CONDITIONS IN MOTHERS AND FATHERS IN UNIVERSITY MATERNITY HOSPITAL LIMERICK

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Abstract

Perinatal Mental Health now includes both parents and is no longer viewed as something that only affects women. Other studies have found high levels of concordance of co-morbid mental health conditions between partners during the perinatal period with figures as high as 72.5% concordance reported. This study aimed to assess the association between mental health conditions in both parents. Participants completed the GAD-7, the Edinburgh Postnatal Depression Scale and the PCL-C screening tool for PTSD. A total of 200 couples received the surveys on the postnatal ward within days of the delivery of their child. 99 women and 69 men returned completed surveys. There was an association between GAD-7 scores in women and PCL-C scores in their partners, meaning that the partners of women who scored higher in the GAD-7 tended to have a higher PCL-C score, thus anxious women tended to have men more at risk of post-traumatic stress disorder. Another association between women and their partners was that there was an association between EPDS scores in women and GAD-7 and PCL-C scores in their partners, meaning that the more depressed women tended to have more anxious partners with a higher tendency toward post-traumatic stress disorder. The final association seen between women and their partners was between GAD-7 scores in partners and their PCL-C scores, meaning that the women with more anxious partners had a higher tendency to score positive in the PTSD screening than women with non-anxious partners. These association were predicted from previous research.

104- POSTER (JOGS)

GROUP - A - STREPTOCOCCUS (GAS) INFECTION, CAUSING PUERPERAL SEPSIS AND OVARIAN VEIN THROMBOSIS :

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WEXFORD GENERAL HOSPITAL, WEXFORD, Ireland

Abstract

A case report of a lady who developed Puerperal Sepsis due to GAS, leading to Ovarian Vein Thrombosis which was treated surgically.

The purpose of presenting this case is to highlight it for our colleagues to think about atypical presentations of GAS infection and the best way to treat it.

L. S. is a 36 yrs. lady, in her 3rd Pregnancy. She was induced at Term + 11 days, and had a Female baby. She remained well and discharged home, next day. She came to the Emergency department with fever and abdominal pain. O/E- generalised Abdo. Tenderness. Received IV-Fluids and Antibiotics. Abdomino/Pelvic CT-Scan which increased the suspicion of Acute Abdomen. Laparotomy revealed a Necrotic Right-Ovary and Right-Fallopian Tube. Right Salpingo-Oophrectomy was done. Blood cultures came back with evidence of GAS infection. She was given IV Antibiotics. Patient was kept in the ICU, then transferred to the Warda and discharged home in few days. She was seen 2 months, postnatally. US-Scan showed Endometrium of 11.2 mm which was followed up in the next visit, with another US-Scan and came down to 4 mm.

Puerperal Sepsis is defined as an infection of the genital tract at any time between rupture of membranes or labour and the 42nd day postpartum. A swab or blood culture showing group A streptococcus is essential for diagnosis.

The mainstay of treatment is aggressive antimicrobial therapy. It may be necessary to consider radical surgical interventions such as hysterectomy in the case of invasive endometrial infection or infarction.

105- POSTER (JOGS)

PREVALENCE OF CO-MORBID POSTNATAL MENTAL HEALTH CONDITIONS IN MOTHERS IN UNIVERSITY MATERNITY HOSPITAL LIMERICK

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Abstract

Recently, there has been huge interest in perinatal Mental Health Services. It is widely accepted that that there is a link between mental health conditions, having one mental illness increases your risk of having a second or more co-morbid condition. Anxiety and depression are commonly seen together as are post-traumatic stress (PTSD) and depression. This study aimed to investigate if there was an association between anxiety, depression and PTSD in postnatal women in University Maternity Hospital limerick. 200 surveys were distributed comprising of GAD-7, PCL-C and Edinburgh Postnatal Depression scale. 99 completed surveys were returned. This study found there was a positive correlation between women's PCL-C scores and their GAD-7 and EPDS scores. Meaning that the higher their PLC-C score the higher they scored in GAD-7 and/or EPDS. No other correlations were found in this study. This result differed than what was predicted from the literature as it is well known that there is an association between anxiety and depression, anxiety and post-traumatic stress disorder and between depression and post-traumatic stress disorder. These results are likely due to the low depression and anxiety prevalence detected in this study. This can potentially be explained by the timing of the screening, by screening women while they are still in hospital true results may be masked by the relief at having a health baby and by the hormone surge post-delivery. This study needs to be repeated at a later time point from delivery and the results re-examined.

106- POSTER (JOGS)

A review of mesh excisions over a four-year period in Cork University Maternity Hospital

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Abstract

Background: Due to controversy regarding the safety of mesh devices, the use of mesh in urogynaecological procedures is currently on hold in Ireland.[1]

Aim: To assess the frequency of mesh excision and outcomes following excision in CUMH over a 4-year period.

Methods: Patients who underwent a mesh excision for erosion between 2015 and 2018 were included. We observed the main indications for mesh removal and the rates of pain and incontinence both pre-excision and at 6 months post-excision.

Results: 317 procedures involving the placement of mesh were carried out in this time frame, with 18 patients requiring excisions during this time. Mesh excision following midurethral slings accounted for (N=12/66%), and excision following transvaginal mesh accounted for (N=5/27%). The most common primary reason for representation was pain (N=8/44.5%), which improved following excision (N =3/16%). Following mesh excision, five patients began to suffer from stress incontinence who had not done so pre-excision.

Discussion: Following the removal of mesh there was a reduction in the number of patients complaining of pain, with reduced rates of urge incontinence also observed. Unfortunately, there was an increased rates of stress urinary incontinence following mesh excision which was the indication for mesh insertion in 66% of those included.

Conclusion: With mesh excisions likely to increase year on year, it is important to assess the efficacy of the procedures employed to remove the mesh and monitor patient outcomes following the procedure.

107- ORAL (JOGS)

REDUCED WAITING TIMES AND IMPROVED EFFICIENCY IN OUTPATIENT FERTILITY CLINIC IN THE NATIONAL MATERNITY HOSPITAL

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Abstract

Nationwide there are difficulties accessing outpatient services. The National Maternity Hospital (NMH) offers a public fertility clinic which investigates couples with subfertility with a view to appropriate treatment and achieving pregnancy. Last year there were over 160 referrals to this clinic. The DNA rate was 30%, which is concerning.

In March 2019, a more stream-lined approach to this clinic was developed and piloted in NMH. Our aim was to reduce the number of patients who DNA appointments and ultimately reduce the number of follow-up appointments. Referred patients were requested to return a medical history questionnaire and have preliminary investigations (AMH level, Rubella antibodies, semen analysis) performed at the hospital prior to their appointment.

We compared 6 months pre- and post-initiative. 64 charts from this time period were reviewed. Waiting times from initial referral to 1st OPD appointment, time taken to complete investigations, and DNA rate were compared data pre and post-implementation.

Results show a significant reduction in DNA's from 32% to 0%. Average wait time from referral to appointment was reduced by 100 days. Patients took approximately 40 days to complete investigations, compared to almost a year in 2018.

By ensuring patients complete their investigations before appointment, we have reduced waiting times and DNA rate. Primary benefits include a streamlined service which supports a more structured and focused first visit. More directed counselling and reduced number of outpatient visits results in an improved service user experience. This approach could be adopted by other clinical services to reduce waiting times.

108- POSTER (JOGS)

Medical management of miscarriage: safe option for all.

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Abstract

Miscarriage is a common complication of pregnancy, affecting approximately one in four pregnant women. One management option is medication with a prostaglandin analogue (Misoprostol 600mcg x 2 doses). This audit examined the overall success of medical management and compared outcomes between women with or without a prior vaginal birth.

This audit took place in the Early Pregnancy Assessment Unit from March- November 2018. Data from 124 women, who received medical management, was retrieved from Viewpoint© (ultrasound database). Successful medical management was defined as an endometrial thickness <15mm on repeat ultrasound.

Nulliparous women accounted for 43.5% (n=54). Of the multiparous women, 77.1% (n=54) had all prior vaginal births. Medical management was successful after one course of medication in 62.9% and, after two courses, in 76.6% of women. There was no difference in success rates between nulliparous and multiparous women (75.9% versus 77.1%). More nulliparous women (20.4%, n=11) experienced complications requiring unscheduled presentations to the emergency room (pain, bleeding) or antibiotics than multiparous women (7.1%, n=5).

Medical management of miscarriage is safe with overall success of 76.6%. Success is not influenced by parity or prior vaginal birth. Complications are higher in nulliparous women or women with no prior vaginal birth.This highlights the need for additional counselling in these women.

109- ORAL & POSTER (JOGS)

SMALL FOR GESTATIONAL AGE - AN AUDIT OF DETECTION RATES IN A RURAL IRISH MATERNITY UNIT

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Abstract

Small for gestational age(SGA) is defined as an estimated or birth weight less than the 10th centile and is among the most significant risk factors for stillbirth.

A significant proportion of stillbirths are avoidable when SGA is recognised and managed appropriately in the antenatal period

The aim of this study was to assess the rate of SGA babies born in our unit and to evaluate what percentage of these were detected antenatally.

All deliveries of singleton babies greater or equal to 37 weeks, between November 2018 and April 2019, were analysed. The birth registers were used to collect the data. The data was then analysed using a birthweight centile calculator to identify babies born less than the 10th centile. The viewpoint imaging system was used to evaluate if the patients had been referred for a scan in the 4 weeks prior to delivery and if SGA was identified on ultrasound.

The total number of singleton deliveries >37 weeks in the unit in the 6 month period was 819. 126 (15%) were found to be SGA.

Out of the 126 cases, 52 (41%) had an ultrasound to estimate fetal weight within 4 weeks of delivery. 44 (34%) of these were due to clinical suspicion of SGA or due to the presence of risk factors. Of those referred, only 14 (32%) were correctly diagnosed as SGA on ultrasound.

Traditional methods of detecting SGA babies are imprecise and need to be improved. The introduction of customised growth charts may improve detection rates.

110- POSTER (JOGS)

EVALUATION OF POSTNATAL VENOUS THROMBOEMBOLISM RISK ASSESSMENT AND PRESCRIPTION OF RISK-APPROPRIATE THROMBOPROPHYLAXIS IN CORK UNIVERSITY MATERNITY HOSPITAL

Clare Crowley, Noirin Russell

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Abstract

Venous thromboembolism (VTE) is an important cause of maternal mortality in Ireland and the UK accounting for 39 maternal deaths from 2014 to 2016 (MBRRACE-UK, 2018). The Institute of Obstetricians and Gynaecologists (IOG) guidelines recommend all postnatal woman should have a VTE assessment and if thromboprophylaxis is indicated, low molecular weight heparin (LMWH) is the treatment of choice. An audit of VTE prophylaxis (2018) identified suboptimal VTE risk assessment and LMWH prescription in CUMH.

The objectives of this audit:

- Determine the percentage of electronic VTE assessments accurately completed
- Of those who have had a VTE assessment, what percentage received appropriate pharmacological thromboprophylaxis.
- Determine the percentage of patients who have not had a VTE assessment who meet the criteria for pharmacological thromboprophylaxis.

A retrospective audit of 50 postnatal women, randomly selected, over four weeks was completed. Relevant patient information was collected from the electronic health record to complete VTE assessments. VTE scores were calculated using Rapid VTE assessment tool from IOG guidelines and Thrombocalc (O'Shaughnessy *et al.,* 2017). Lastly this data was analysed using Microsoft EXCEL™.

In total 28/50 (56%) VTE assessment were accurately completed. Of those who had accurate VTE assessments, 16/50 (32%) received LMWH. 16/50 (32%) patients who met the criteria for thromboprophylaxis, had no VTE assessments completed.

No improvement in practice was noted from the previous audit. Therefore, VTE assessment and appropriate thromboprophylaxis prescription remains suboptimal in CUMH. Further training and clinical decision support within the electronic management system is required to ensure compliance with national VTE assessment recommendations.

111- POSTER (JOGS)

SINGLE DOSE METHOTREXATE TREATMENT IN ECTOPIC PREGNANCY- A 5 YEAR RETROSPECTIVE ANALYSIS.

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Abstract

SINGLE DOSE METHOTREXATE TREATMENT IN ECTOPIC PREGNANCY- A 5 YEAR RETROSPECTIVE ANALYSIS.

Dr. S. Moran, Dr. A. McEvoy, Dr. A. Das

BACKGROUND:

Ectopic pregnancy is an acute, potentially life-threatening condition. Outpatient management of unruptured ectopic pregnancy with systemic Methotrexate (MTX) is a reasonable treatment option for those with an adnexal mass of less than 35mm & an initial hCG level of 1500 or less (NICE, 2012).

PURPOSE:

To assess the demographics, treatment course & clinical outcomes of women with ectopic pregnancy who were treated with MTX over a 5-year period.

STUDY DESIGN & METHODS:

A 5-year retrospective review was performed on 38 patients treated for ectopic pregnancies with MTX at Wexford General Hospital. A review of ultrasound reports, laboratory values & patient charts was conducted & patients grouped according to MTX treatment success.

FINDINGS:

38 women were treated with MTX following a diagnosis of ectopic pregnancy. Of these, 29 had an initial hCG level of <1500iu. Of the 9 women with an initial hCG level of >1500, 4 women required emergency laparoscopy +/- salpingectomy or salpingotomy, 2 required a second dose of MTX, 2 were successfully treated with single-dose MTX & one patient was lost to follow-up. Time to discharge from follow-up was significantly longer with higher initial hCG levels.

CONCLUSIONS:

The success rate with single-dose MTX in this study was 73%. Failure rates were significantly increased with hCG levels above 1500iu. While MTX treatment is generally safe & effective, consideration must be given when employing its use at higher hCG levels.

112- POSTER (JOGS)

" A REVIEW OF CLINICAL PRACTICE GUIDELINE ON OXYTOCIN FOR AUGMENTATION OR INDUCTION OF LABOUR".

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Abstract

Oxytocin is a commonly used drug for the induction and augmentation of labour. It is imperative for successful labour and patient safety that it is administered appropriately as per national guidelines.

The aim of the audit was to determine if the recommendations as set out in the guideline are followed to the highest standard.

We retrospectively reviewed all patient charts in which oxytocin was used for induction or augmentation of labour from March to July 2019. Each chart was reviewed against fourteen recommendations from the guideline.

Fifteen patients out of 628 births were documented on the birth registrar to have used oxytocin from March to July 2019. The age range was 24-36, average age of 30.6 years. There were 7 nulliparous patients and 8 multiparous patients and no previous Caesarean Sections. Of the 15 patients, one was a twin pregnancy and 14 were singletons. 14 patients had induction of labour.

The overall compliance with the recommendations was 75.7%. Compliance was 100% in several recommendations e.g. oxytocin was constituted appropriately and started at the correct infusion rate of 30ml/hour every 15mins. Fetal blood sampling (FBS) was not used on the ward and therefore was 0% compliant amongst all patients.

The audit highlights areas where the compliance to the national recommendations on oxytocin use could be improved e.g. by promoting FBS, enabling senior midwives to commence oxytocin in nulliparous low risk women and ensuring the number of contractions in multiparous women does not exceed 5- in-15 minutes. Recommendations for re-audit will begin.

113- ORAL & POSTER (IPNS)

INCIDENCE OF OBSTETRIC ANAL SPHINCTER INJURIES OASIS AND FACTORS THAT AFFECT ITS PATTERN IN A RURAL MATERNITY UNIT IN IRELAND

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Abstract

To describe the incidence of Obstetric anal sphincter injuries OASIs and factors that affect its pattern in a rural maternity unit.

Records on sphincter injuries from January 2008 to December 2017 were retrieved from electronic records. Their age, booking weight, ethnicity, parity, use of episiotomy, analgesia and mode of vaginal delivery were analysed. HIPE coded records were used to identify OASIs cases.

A steady decline in Number of live births and vaginal deliveries over the the10-year period. A total of 11974 vaginal births in the study period of which 163 cases were Obstetric sphincter injuries. The incidence in this study was 1.3% but increased to 1.7% from 2011 onwards and the highest annual rate of 28 cases (incidence 2.15%) occurred in 2011. We found associated Shoulder dystocia in 6.1% of the OASI cases. There were 48% (n=78) overweight/obese and 76% (n=124) were primipara among the OASIs cases. There were exact numbers of Type 3a and 3b OASIs (n=63 each). Mean age in the OASI group was 30.6yrs, similarly 31.6 years in all women who had vaginal delivery within the study period.

The incidence of OASI peaked between 2011 and 2014, the reasons are unclear although the first peak coincides with the release of Irish institute of obstetrics and gynaecology guideline on diagnosis and management of OASI and re-training of staff at end of the year 2010 in anal sphincter examination. Obstetric sphincter injuries are significantly higher in women who suffered shoulder dystocia comparing to the Irish obstetric population.

114- POSTER (JOGS)

SMALL FOR GESTATIONAL AGE - DETECTION RATE IN A TERTIARY IRISH MATERNITY UNIT

Zahrah Elsafty, Mairead O'Riordan

Cork University Maternity Hospital, Cork, Ireland

Abstract

Small for gestational age(SGA) is defined as a birth weight that is less than the 10th centile and is among the most significant risk factors for stillbirth.

The aim of this study was to assess the rate of SGA in the unit and to evaluate what percentage of cases were detected antenatally. A secondary intention was to assess if risk factors were identified and appropriate measures taken, such as treatment with aspirin and serial growth scanning.

All deliveries of singleton babies greater or equal to 37 weeks, between June 2019 and August 2019, were analysed. Birth registers were used to identify babies that were born at the 10th centile or less. Patient echarts were then used to collect the data.

The total number of singleton deliveries >37 weeks in the unit in the 3 month period was 1813. Of those, 98 (5%) were less than the 10th centile.

Of the 98 cases, 68 (70%) had an ultrasound to estimate fetal weight within 4 weeks of delivery. 44 (45%) of these were due to clinical suspicion of SGA or the presence of risk factors. Of those scanned, 47 (48%) were correctly identified as SGA. 51 (53%) cases were electively delivered due to SGA. Further analysis of results is pending.

Although rates of detection of SGA in this unit were on par with the national average, improvements could be made in the accuracy of detection and the assessment of individual risk profiles to facilitate the implementation of individualised management plans.

115- POSTER (JOGS)

VASCULAR PRESENTATIONS OF GYNAEOCOLOGICAL PATHOLOGIES IN A TERTIARTY VASCULAR SERVICE: A CASE SERIES

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Abstract

Gynaecological pathologies have a varied spectrum of clinical presentation. Compression of pelvic vessels can result from benign or malignant gynaecological disease. This increases the risk of thrombus formation in adjacent vessels and subsequently can lead to life threatening events such as a pulmonary embolus or limb threatening conditions like acute ischaemic limb or venous gangrene.

We report the cases of three women who presented to a vascular unit in a large tertiary University Hospital, within a four month period. They presented with peripheral vessel thrombosis and subsequently were found to have a underlying gynaecological pathology.

All cases presented with lower limb pathology. Two patients presented with unilateral lower limb oedema with no obvious risk factors for Deep Venous Thrombosis (DVT). Both patients were subsequently found to have large uterine fibroids compressing the iliac system and were managed appropriately. The third patient presented with an acute ischaemic limb and on computer tomography angiogram was found to have an ovarian pathology, ipsilateral arterial thrombus and a contralateral DVT. All of the women were in their fifth decade, fit and well with no past medical history or prior knowledge of their pelvic pathology.

We present this case series alongside current recommendations of treating lower limb DVT and how the underlying causation should be addressed.

We advocate for a low threshold to investigate women for pelvic pathology when they present with lower limb vascular pathologies, especially in the absence of typical vascular risk factors.

116- POSTER (JOGS)

FETAL SEX VERSUS WEIGHT AND ADVERSE PREGNANCY OUTCOMES IN TERM NULLIPAROUS PREGNANCIES (GENESIS STUDY)

Fátimah Alaya[1,2], Patrick Dicker[1], Naomi Burke[2], Gerard Burke[3], Fionnuala Breathnach[1,2], Fionnuala McAuliffe[4], John Morrison[5], Michael Turner[6], Samina Dornan[7], John Higgins[8], Amanda Cotter[3], Michael Geary[2], Fiona Cody[2], Peter McParland[4], Cecilia Mulcahy[4], Sean Daly[9], Elizabeth Tully[10], Fergal Malone[2,1]

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Abstract

This study sought to determine if fetal sex plays a role in determining outcomes for term nulliparous pregnancies, as well as fetal sex having any explanatory value above that of estimated fetal weight (EFW). Induction of labour was a primary focus as it is a dominant aspect of present obstetric care.

The GENESIS study was a prospective, blinded observational study carried out by the Perinatal Ireland Research Consortium between 2012 and 2015. GENESIS recruited 2,336 nulliparous patients with a vertex presentation between 39+0- and 40+6-weeks' gestation. The primary analysis focused on predictors of cesarean delivery.

In this secondary analysis, associations were determined between fetal sex and fetal weight (EFW>95th centile, Hadlock) and adverse pregnancy outcomes. Univariate and multivariate logistic regression analyses were performed to determine associations between fetal sex and fetal weight.

There were 1228 (53%) male fetuses and 116 (5%) fetuses with an EFW>95th centile. In the univariate analyses, fetal sex is associated with induction of labour but no other pregnancy-related outcomes. In contrast, fetal weight is associated with multiple adverse outcomes. Given the disparity between the prevalence of the predictors (53% for male, 5% for EFW>95th centile), a multivariate analysis was used to determine if fetal sex had any additional explanatory power to that of fetal weight (and vice versa).

With the exception of induction of labour, fetal sex remains a weak predictor of adverse outcomes in term nulliparous pregnancies. Focus in clinical practice should remain on fetal biometry when risk assessing pregnancy outcomes.

117- ORAL & POSTER (JOGS)

Women's experience of first trimester miscarriage: comparison of expectant, medical and surgical management.

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Abstract

Miscarriage is a frequent complication in early pregnancy. Assessing women's experience, satisfaction level and psychological burden of the different forms of managements is therefore important.

The aim of the study is to compare women's experience of the three management options including expectant, medical and surgical management. Satisfaction level, time taken off work and psychological impact were assessed.

Women were recruited prospectively from the early pregnancy unit following a diagnosis of first-trimester miscarriage [October-2015 and April 2017]. An online survey including the Edinburgh Postnatal Depression score (EPDS) was emailed to patients 6-8 weeks following recruitment. SPSS was used to analyse the data

In total, 235 women completed the survey. Almost half had surgical management, 48.1% (113); 42.6% (100) had medical and 9.4% (22) had expectant management. There was a significant difference in the satisfaction level between the 3 options with the medical management having the lowest satisfaction level (surgical 89%, expectant 82%, medical 53% satisfied; P=<0.01). The satisfaction level was significantly linked to the success of management (p= (0.01). Women undergoing medical management were more likely to take more time off work (P= 0.01), and more likely to score higher on the EPDS (p=0.05).

Women experience with miscarriage varies depending on the type of management. In this study, women undergoing expectant and surgical management seem to have higher satisfaction levels, take less time off work and have lower scores on the EPDS. More research is needed to assess to factors contributing to the negative experience with medical management.

118- POSTER (JOGS)

TRENDS IN OPERATIVE VAGINAL DELIVERIES AND PERINEAL TRAUMA IN NULLIPAROUS WOMEN OVER A FIVE YEAR PERIOD

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[1]Wexford General Hospital, Wexford, Ireland. [2]National Maternity Hospital, Dublin, Ireland

Abstract

Operative vaginal delivery (OVD) offers a safe alternative to fully dilated caesarean section in the second stage of labour[1]. For first-time mothers, there's fear surrounding OVDs regarding perineal trauma and neonatal morbidity. A fully dilated LSCS has its own risks. Immediate risks of haemorrhage, extensions, hysterectomy and later complications including preterm birth[2] and abnormal placentation are often not recognised by expectant women. Whilst we have increasing numbers of CS, literature can reassure mothers that OVDs are safe and have acceptable morbidity for patients and neonates[3]. Having expectations of delivery met now plays a key in maternal satisfaction[4].

To analyse the rate of OVDs and associated perineal trauma in nulliparous women with an intention to ensure appropriate counselling and manage expectations over the antenatal period.

A retrospective analysis of 19,458 nulliparous deliveries of neonates >/=500g, in The National Maternity Hospital, over 5 years (2013-2017) using data extracted from the annual clinical reports. The primary outcome was the rate of OVDs in nulliparous women. Secondary outcomes were perineal trauma rates in SVDs vs OVDs.

1 in 4-5 first-time mothers will have an OVD. Of these, 90% will have an episiotomy, <1% having an intact perineum. Comparatively, 32% of nulliparous women with SVDs will have episiotomies and 8% will have intact perineums.

The rate of OVDs in nulliparous women has been stable over five years (2013-2017). We must ensure adequate antenatal counselling of first-time mothers about OVDs in-line with recent figures to manage expectations and reduce fear.

119- POSTER (JOGS)

NATURE OF REFERRAL, WORKUP AND FOLLOW UP PLAN FOR PATIENTS PRESENTING TO THE EMERGENCY DEPARTMENT WITH MENORRHAGIA

Maeve White, Molly Walsh, Zara Fonseca-Kelly

National Maternity Hospital, Dublin, Ireland

Abstract

The RCPI/HSE guidelines on menorrhagia are designed for use in primary care. The guidelines suggest that if initial assessment is normal, treatment may be commenced at a primary care level, with referral to gynaecology outpatients (GOPD) not always necessary(1).

To assess the initial management and follow up of patients presenting with menorrhagia to a tertiary centre.

All women who presented to the emergency department(ED) of the National Maternity Hospital with menorrhagia between January and March 2019 were included. Their charts were analysed and compared to the above guideline(1).

18(n) patients presented to ED with Menorrhagia over a three month period.

8 patients were referred by GP had a documented abdominal exam. 12 patients had haemoglobin, 3 of which had been done by their GP. Abdominal examination was normal in 17. 3 were given hormonal management and 11 were given Tranexamic acid. 11 were sent for USS and 11 were referred to GOPD.

Of the patients referred to ED, none had complete initial assessment. 75% of GP referrals were sent for outpatient USS. Of the patients who self presented, 9 of the 11 had a complete assessment and 45% had an USS. Of the USS ordered, one was indicated, and showed previously diagnosed fibroids. This woman was over 45, and all other women were under 45, with no red flags(1). From this study it is shown that GP referrals have not had a complete assessment, and patients seen in ED are being over investigated.

120- POSTER (JOGS)

AUDIT ON THE CARE ON THE WOMEN WITH GESTATIONAL DIABETES MELLITUS AT UNIVERSITY HOSPITAL WATERFORD

NASRIN MOHAMED, JAWARIA KHAN, AZRINY KHALID

UNIVERSITY HOSPITAL OF WATERFORD, WATERFORD, Ireland

Abstract

Gestational Diabetes Mellitus (GDM) is associated with increased maternal and fetal morbidities. We plan to establish a dedicated clinic in University Hospital Waterford (UHW) to standardise and optimise their care.

We aimed to audit the current practice in the care of women with GDM in UHW against the National and NICE Guidelines.

Data collected retrospectively from clinical records were inserted into a proforma in Excel. All women diagnosed with GDM in UHW between 1st March to 7th June 2018 were included.

Forty women were included in the audit. Screening was done according to the National and NICE Guidelines. All women with previous GDM had GTTs between 16-18 weeks, with diabetes education and endocrinology appointments arranged at booking. None had dietitian reviews. In women with GDM, 37 (92.5%) were seen by an endocrinologist and had diabetes education within 2 weeks. Twenty-eight (70%) were diet-controlled and 12 (30%) required insulin. None had metformin. Twelve (30%) laboured spontaneously, 19 (47.5%) induced and 9 (22.5%) had elective LSCS. Two required emergency LSCS. One baby weighed over 4kg, none were below 2.5kg. Eleven were admitted to the Neonatal Unit solely for glucose monitoring, 1 was admitted for poor tone and another with transient tachypnoea. Postnatal management was poorly documented.

The practice in UHW on the care of women with GDM is comparable to the National and NICE guidelines, within resources. However, practice can be variable due to the absence of a dedicated clinic and local protocol, which we hope to establish in the near future.

121- POSTER (JOGS)

AUDIT OF THE MANAGEMENT OF PREECLAMPSIA IN OUR LADY OF LOURDES HOSPITAL, DROGHEDA

Catherine Rowland, Farah Syeda Nazir, Rosemary Harkin

Our lady of Lourdes hospital, Drogheda, Ireland

Abstract

Background:

Preeclampsia (PET) is a major cause of morbidity and mortality for mothers and babies. While great improvements have been made in the care of women with PET, in cases where there is an adverse outcome, substandard care can often be identified. Appropriate management is crucial in order to reduce the risk of adverse maternal and foetal outcomes.

Aims:

We aim to assess if local and national guidelines were being adhered to in regards to the Diagnosis and management of women with PET in Our Lady of Lourdes Hospital, Drogheda.

Study Design and Methods:

We carried out a reterospective review of Hospital notes of 9 patients diagnosed with PET over a 6-month period from March-August 2019.

Findings:

The average age of the women in our study was 32. The majority 7out of 9(77%) were Primiparous. All 9(100%)women had correct diagnosis of PET at admission and underwent appropriate investigations and treatment .Urine Protein creatinine Ratio(PCR) was performed in all except in 1(11%).2 (22%)Women developed severe PET and 1(11%) developed HELLP syndrome.Average gestation at delivery was 37+5. Induction of labour was carried out in 8(89%)patients and 1(11%)had Elective Caesarean Section.Postnatal management was in accordance with the guidelines.

Conclusion:

Our audit showed compliance to the Guidelines and also indicated some areas of improvement. A re-audit is planned after making recommendations to make sure We will make sure that improvements are embedded.

122- POSTER (JOGS)

MANAGEMENT OF POST PARTUM HAEMORRHAGE DURING THE DAY AND NIGHT

Andrew Downey, David Rooney, Prerna Kamath, Nandini Ravikumar

Midlands Regional Hospital Mullingar, Mullingar, Ireland

Abstract

Background

The rate of Post-Partum Haemorrhage (PPH) in Ireland increased from 1.5% in 1999 to 4.1% in 2009. The rate of blood loss exceeding 2.5 litres, has increased from 2.34 per 1000 maternities in 2011 to 3.14 per 1000 maternities in 2017. Differences have been demonstrated in obstetric management and outcomes during the day or night

Purpose of Study

Our aim was to assess for differences in PPH rates during the day and night time. We defined night-time delivery as occurring from 1700 to 0900.

Study Design & Methods

We conducted a retrospective chart analysis of all cases of PPH from February to April 2019 through the local HIPE system. PPH for all deliveries was defined as EBL over 500ml with >2000ml classified as major.

Findings

The delivery number from February to April 2019 was 472 (103 = day and 218 = night). The number of PPH cases was 44 (9.32%). The overall rate of PPH for LSCS was 8.61% and for vaginal births was 9.66%. The PPH rate during the day was 16% (17) and during the night was 12% (27). For severe PPH there were 4 cases during the day and 2 cases at night. 2 cases required balloon insertion (night) and there were no hysterectomies or PPH >2.5L. Consultant presence was equal during both day and night time.

Conclusions

PPH continues to be a major source of maternal morbidity with the rising rates. This study showed no significant differences in PPH related management during the day or night.

123- POSTER (JOGS)

AUDIT OF ADHERENCE TO ENHANCED RECOVERY AFTER SURGERY (ERAS) GUIDELINES AFTER CAESARIAN SECTION

Rebecca Bounghto, Nicola O'Riordan, Sandhya Babu

Wexford Hospital, Wexford, Ireland

Abstract

Background

An audit of adherence to ERAS guidelines in post-operative care following caesarean section over a one month period with the aim of improving post operative outcomes and decreasing length of stay.

Purpose

Auditing against guidelines with the aim of highest international standards of care.

Study design and methods

Data was obtained in retrospect from patient notes of all patients who had a caesarean section over one month(20/7/19-13/8/19). 37 patients were included in the audit.

Findings

The audit assessed 8 recommendations.

1. Fluid pre-loading- All patients received iv fluids.
2. Anti-emetics- All patients were prescribed anti-emetics.
3. Analgesia-All patients were prescribed analgesia.
4. Regular diet within two hours- Average time to eat was 14 hours despite the recommendation advising much sooner. The ward policy is to let patients eat after 8 hours.
5. TEDs and VTE prophylaxis- All patients received these.
6. Early to mobilise- Average time to mobilise was 18 hours.
7. Catheter to be removed immediately post-operatively- Average time 18 hours.
8. Discharge counselling- All patients received counselling.

Conclusion:

There was excellent adherence to the following; 100% of patients received anti-emetics, analgesia, VTE prophylaxis, TEDs, fluid pre-loading and discharge counselling. These practices are well established.

Areas identified for significant improvement were time to mobilise, time to TWOC and time to eat. These areas have shown to improve a number of short term outcomes after surgery. These include return of bowel function, reduce risk of vte, reduce risk of UTI and decrease length of stay.

124- POSTER (JOGS)

AUDIT OF ADHERENCE TO ENHANCED RECOVERY AFTER SURGERY (ERAS) GUIDELINES AFTER CAESARIAN SECTION

Rebecca Boughton, Nicola O'Riordan, Sandhya Babu

Wexford Hospital, Wexford, Ireland

Abstract

Background

An audit of adherence to ERAS guidelines in post-operative care following caesarean section over a one month period with the aim of improving post operative outcomes and decreasing length of stay.

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Areas identified for significant improvement were time to mobilise, time to TWOC and time to eat. These areas have shown to improve a number of short term outcomes after surgery. These include return of bowel function, reduce risk of vte, reduce risk of UTI and decrease length of stay.

125- POSTER (JOGS)

POSTNATAL REVIEW FOLLOWING OPERATIVE VAGINAL DELIVERY- ARE WE DELIVERING?

Sara Mohan, Mairead O'Riordan

Cork University Maternity Hospital, Cork, Ireland

Abstract

Review and postnatal debriefing is considered important to women following operative vaginal delivery.[1]

The aim was to examine current practise of review and postnatal debrief and to determine whether patients are reviewed & debriefed following operative vaginal delivery prior to postnatal discharge from hospital.

Included were all successful operative vaginal deliveries in public patients in August 2019 in one tertiary centre. The data were collected from online charts, including delivery method, grade of primary obstetrician, whether they were reviewed postnatally and grade of obstetrician at postnatal review.

In total, 69 women had operative vaginal deliveries in August 2019, of which there were 8 forceps, 37 vacuum and 1 sequential instrumental delivery. 36 of 69 patients were reviewed and debriefed following delivery. 31 of the 36 instrumental deliveries were debriefed by the obstetrician who did the delivery, 4 were debriefed by a more senior obstetrician, 2 were debriefed by a more junior obstetrician.

There is potential for improvement in postnatal review and debrief of women who have had operative vaginal deliveries & for training in this area. Further study would need to be done to assess the same following Caesarean delivery as this was not examined in this study.

1. Murphy DJ, Pope C, Frost J, Liebling RE. Women's views on the impact of operative delivery in the second stage of labour: qualitative interview study. BMJ 2003;327:1132.

126- POSTER (JOGS)

OBSTETRIC ANAL SPHINCTER INJURIES (OASIS) – HOW LONG TO REPAIR?

Samuel Hunter, Sie Ong Ting, Oana Grigorie, Mairead O'Riordan

Cork University Maternity Hospital, Cork City, Ireland

Abstract

BACKGROUND

According to RCOG, incidence of OASIS is 6.1% in primips compared with 1.7% in multips. There is no RCT evidence examining the issue of antibiotic use in the management of OASIS yet given the severity of the potential sequelae associated with OASIS, the RCPI recommend prescribing antibiotic cover following repair. No guidelines suggest a goal maximum time for OASIS repair. Should we have guidance on this?

AIM

To investigate the time taken for OASIS repair, including transfer time from Labour Ward to Theatre.

METHODS

All women sustaining OASIS after delivery in CUMH in 2018 were recruited in this audit. All data was collected from each patient's digital chart from a secure, password protected hospital computer.

RESULTS

The average duration for patient transfer from Labour Ward to Theatre was 46.90 minutes with a standard deviation of 36.98 minutes. The median time taken for OASIS repair was 38.00 minutes.

CONCLUSION

The results show transfer time accounts for more than half of the time for OASIS repair. It would be relatively simple to decrease this transfer time, especially since protocol already exists for Obstetric Emergencies. It is likely of little benefit to decrease the time for repair as it may put pressure on the surgeon and this may decrease the standard of their repair. Despite having no guidelines and limited evidence available on a maximum time for OASIS repair, we hypothesise a decreased transfer time, and thus a decreased repair time, would be beneficial for the patient.

128- POSTER (JOGS)

OBSTETRIC ANAL SPHINCTER INJURIES (OASIS)- HOW DO THE REPAIRS COMPARE?

Samuel Hunter, Sie Ong Ting, Oana Grigorie, Mairead O'Riordan

Cork University Maternity Hospital, Cork, Ireland

Abstract

BACKGROUND

The overall incidence of OASIS in the UK is 2.9%. With increased training, there appears to be an increase in detection of OASIS. Obstetricians who are appropriately trained are more likely to provide a consistent, high standard of repair.

AIM

To investigate multiple factors including time and mode of delivery, episiotomy, gestational age, infant's sex, birth weight and surgeons level.

METHODS

All women sustaining OASIS after delivery in CUMH in 2018 were recruited in this audit. All data was collected from each patient's digital chart from a password protected hospital computer.

RESULTS

The median time of delivery with OASIS was 11:35. 37.7% had a normal vaginal birth, 32.1% a vacuum delivery and 30.2% a forceps delivery. More than half of the women received episiotomy during delivery (56.6%). 52.8% of the deliveries were performed by NCHDs, followed by Midwives (37.7%). The remaining deliveries were performed by Consultants (9.4%). The average gestational age was 40+1 at delivery. There were more male infants associated with OASIS (54.7%). The average infant weight was 3678.3g. Only 17% of babies were considered macrosomic. 79.2% of repairs were performed by NCHDs with the remainder performed by Consultants.

CONCLUSION

The results are in keeping with known risk factors and guidelines for OASIS repair. Interestingly, only 17% of babies were considered macrosomic. Perhaps episiotomy isn't helpful given more than half received one and still suffered an OASIS. Further research needs to be conducted in the area to update and build upon existing knowledge.

129- POSTER (JOGS)

OBSTETRIC ANAL SPHINCTER INJURIES (OASIS) – DOES LOCATION AFFECT THE DIAGNOSIS?

Sie Ong Ting, Samuel Hunter, Oana Grigorie, Mairead O'Riordan

Cork University Maternity Hospital, Cork, Ireland

Abstract

BACKGROUND

The RCPI guideline recommends OASIS repair can be performed in Theatre or on Labour Ward, if the repair can be performed under aseptic conditions with appropriate instruments, adequate light and an assistant. Access to regional or general analgesia ensures that the woman is pain-free and the sphincter is relaxed, allowing identification of the torn muscle margins. It is not adequate to perform such repairs under local anaesthetic alone. Do we accurately diagnose the degree of tear on Labour Ward and if not, is it appropriate to perform OASIS repair here?

AIM

To determine the difference of impression of degree of tear made on Labour Ward versus in Theatre.

METHODS

All women sustaining OASIS after delivery in CUMH in 2018 were recruited in this audit. All data was collected from each patient's digital chart from a secure, password protected hospital computer.

RESULTS

On Labour Ward, the impression of the degrees of tear documented were 10% "3rd Degree", 36% 3A tear, 44% 3B tear, 4% 3C tear and 6% 4th degree perineal tear. The actual degrees documented in theatre were 35.3% 3A tear, 45.1% 3B tear, 11.8% 3C tear and 7.8% 4th degree tear.

CONCLUSION

The impression of the degree of OASIS is under-classified on Labour Ward. The disparity in classification of OASIS could potentially be explained by inadequate analgesia for examination on Labour Ward, compounding the suggestion that it is not adequate to perform such repairs under local anaesthetic alone.

130- POSTER (JOGS)

SHOULD POST-COITAL BLEEDING BE REFERRED FOR COLPOSCOPY?

R Gryson[1], M Horan[2], A Kelly[2], T Darcy[2,3], N Farah[2,3]

[1]Graduate Entry Medical School, University of Limerick, Limerick, Ireland. [2]Coombe Women & Infants University Hospital, Cork St., Dublin 8, Ireland. [3]UCD Centre for Human Reproduction, Dublin, Ireland

Abstract

Post-coital bleeding (PCB) is a distressing symptom for women, of which the importance of seeking medical attention has been emphasised in the media. However, there is no clear referral pathway for patients experiencing PCB. Causes of PCB include cervical polyps, ectropion, infection and malignancy(1).

This audit reviewed 235 women, referred with PCB to a Dublin teaching hospital colposcopy clinic during 2018. The average age of the women was 34.4 years. At colposcopy, 104 (44.3%) of the women had a normal colposcopy assessment. Seventy-six (32.3%) women had a cervical ectropion. In 136 (57.9%) women, a cervical biopsy was performed for suspected cervical intraepithelial neoplasia (CIN). Of the biopsies performed, 73.5% showed CIN 1 and 0.74% of the biopsies showed CIN 3. Twenty-nine women were less than 25-years-old on colposcopy, 12(41.4%) had a cervical ectropion. In this group, biopsy results showed that 15(51.7%) had low-grade CIN and 4 (13.8%) had high-grade CIN. Seventy-three percent (172) of the women referred had a previous normal smear. In this group, 80 (46.5%) women had an abnormal colposcopy, 71 (41.3%) women had low-grade CIN and 8 (4.6%) had high-grade changes CIN.

PCB is a worrying symptom, our data showed high-grade CIN was found in 6% of women attending our colposcopy service. This data highlights the need for a defined referral pathway for colposcopy for symptomatic women, irrespective of age and previous smear history.

References:

1. Tarney CM, Han J. Postcoital bleeding: a review on etiology, diagnosis, and management. Obstet Gynecol Int. 2014;2014:192087.

131- POSTER (JOGS)

TRAUMA IN A PREGNANT PATIENT

Chloe MacAuley, Sana Nasim

State Major Trauma Unit, Royal Perth Hospital, Perth, Australia

Abstract

Trauma sustained during pregnancy is most common in motor vehicle collision.(1) Most abdominal injury sustained is blunt.(2) Advanced Trauma Life Support guidelines recommend first assessing and resuscitating the mother and then the fetus before conducting a secondary survey.(3)

A 23 year old pregnant female at 14weeks gestation presented to the emergency department. She was a restrained front-seat passenger in a motor vehicle collision, hemodynamically stable with GCS15. On examination she was tender across anterior chest wall, lower abdomen and lower back. There was no vaginal bleeding. She had been diagnosed with hyperemesis gravidarum.

Trauma patients are maintained in full in-line spinal immobilisation. A 15º wedge is placed under the pelvis of pregnant patients (especially >20weeks) to effect a left lateral tilt.(4) Diagnostic imaging should be ordered for the same indications as non-pregnant, with use of ultrasound and shielding.(3) Patients who are RhD-ve with no preformed antiD antibodies should be given RhD immunoglubulinVF.(5)

The patient was unable to lie beyond 60º and could not tolerate a cervical collar due to nausea. She refused X-ray due to foetal risk. Informed refusal was documented. Her maternity hospital was consulted, AntiD was not required as obstetric records confirmed O+. She was monitored for 24hours in SMTU and discharged with obstetric follow-up.

Trauma in pregnant patients is high risk for both mother and fetus. Evidence based guidelines aid management and ease difficult decision making for first-line doctors. There is currently no national clinical guideline in Ireland for trauma in pregnancy.

132- ORAL & POSTER (JOGS)

Is there a Correlation between Maternal Co-morbidity and Increasing Caesarean Section Rates in Robson Group 1?

Daniel Kane, Ita Shanahan, Naomi Burke, Ita Shanahan

Rotunda Hospital, Dublin, Ireland

Abstract

Pre-existing maternal co-morbidity and Caesarean section (CS) rates are increasing globally. The Robson Group 1, is considered to have the lowest risk for CS in nullips. There has been an escalating trend in CS rates for this group. The aim of this study was to identify any association between underlying maternal co-morbidities and the increase in the CS rate in this cohort of women.

There were 86,473 deliveries over the 10 years (2007-2018). The Robson Group 1 CS rate was 14.9% (n=2,579). The proportion of women in Robson Group 1 significantly reduced by 48% over this time frame but the CS rate increased from 14% to 16%, $p<0.001$. The number of women who conceived with assisted reproduction in this cohort increased from 0.3-3.6% ($p<0.001$). The incidence of diabetes (5%-7.3%, $p=0.449$) and thyroid disease (0.5%-1.7%, $p=0.931$) did not change. There was a decrease in incidence of cardiovascular disease from 4.5% to 0.5% ($p<0.012$) and hypertension from 15%-4% ($p<0.001$). The rate of obesity did not change. The number of second stage CS decreased from 29%-18% ($p<.001$).

This study shows a significant reduction in the number of nulliparous women entering spontaneous labour and a corresponding increase in Robson Group 1 CS rate. This study did not demonstrate an association between pre-existing maternal co-morbidity and cesarean section rates. The decrease in second stage CS is an interesting finding and could indicate an overall change in the management of labor which has inadvertently affected the CS rate which needs to be further elucidated.

133- POSTER (JOGS)

The HARI Unit; A Success in Reproductive Medicine

Jill Mitchell, Edgar Mocanu

The Rotunda Hospital, Dublin, Ireland

Abstract

2019 marks the 30th anniversary of the founding of the Human Assisted Reproduction of Ireland (HARI) Unit, which provided innovative assisted reproductive technology and was the first Irish unit to successfully facilitate frozen embryo transfer.

This is a retrospective review of the unit's annual reports from 1989 to 2014, examining services provided, success rates, staff, research, training and accreditation, documenting the development of a successful medical service.

The unit provided a range of services, in keeping with advances in the field. Success rates improved over the years; pregnancy rate (PR) per IVF cycle was 9.4% in 1989/90 and 28% in 2014, PR per IVF cycle with oocyte recovery was 12.2% in 1989/90 and 36% in 2014. ICSI was introduced in 1995; PR per cycle of 18.4%, improving to 26% in 2014. Frozen zygote transfer was introduced in 2002; PR per cycle was 16.5% in 2002 and 28% in 2014.

The unit was initially self-funded. In 2002, it received public funding allowing cryopreservation to be offered to oncology patients free of charge as well as funding staff and upgrading equipment. In 2005 the unit received accreditation and became the only such unit in the Republic of Ireland. In 2006, the unit became the only Irish IVF Unit to be accredited by IHSAB.

The HARI unit is a prime example of a successful medical service that adapted to developing technology, new challenges and increasing demands. It demonstrates the various dimensions involved in the development and running of a successful medical service.

134- POSTER (IPNS)

Simplified diagnostic management of suspected pulmonaryembolism (the YEARS study): a prospective, multicentre,cohort study

Anthony Breen[1], L.M. van der Pol[2], C. Trromeur[3], I.M. Bistervels[4], F. Ni Ainle[5], T. van Bemmel[6], L. Bertoletti[7], F. Couturaud[8], Y.P.A, van Dooren[9], A. Elias[10], L.M. Faber[11], H.M.A Hofstee[12], T. van der Hulle[13], M. Kruip[14], M. Maignan[15], A.T.A. Mairuhu[16], S. Middledorp[17], M. Nijkeuter[18], P.M. Roy[19], O. Sanchez[20], J. Schmidt[21], M. ten Wolde[22], F.A. Klok[13], M.V. Huisman[13]

[1]Rotunda Hospital, Dublin, Ireland. [2]Leiden University Medical Center, Leiden, Netherlands. [3]Haga Teaching Hospital, The Hague, Netherlands. [4]University of Amsterdam, Amsterdam, Netherlands. [5]Rotunda Hospital, Dublin. [6]Gelre Hospital, Apeldoorn. [7]CHU Saint Etienne, Saint Etienne. [8]Breast Hospital Center, Breast. [9]Groene Hart Hospital, Gouda. [10]Sainte Musse Hospital, Toulon. [11]Red Cross Hospital, Bevewijk. [12]Haaglanden Medical Center, The Hague. [13]Leiden University Medical Center, Leiden. [14]Erasmus Medical Center, Rotterdam. [15]Grenoble University, Grenoble. [16]Haga Teaching Hospital, The Hague. [17]University of Amsterdam, Amsterdam. [18]University Medical Center Utrecht, Utrecht. [19]Universite d'Angers, Angers. [20]Universite Hopital Europeen George Pompidou, Paris. [21]Centre Hospitalier Universitaire de Clermont- Ferrand, Clermond-Ferrand. [22]Flevo Hospital, Almere

Abstract

Acute pulmonary embolism (PE) is the leading cause of maternal mortality. Due to perceived low specificity and sensitivity of D-dimer, pregnant patients with suspected PE are subjected to CTPA or ventilation-perfusion imaging, with radiation exposure.

We aimed to evaluate the pregnancy-adapted YEARS algorithm, hypothesizing that CTPA imaging can be safely avoided in some patients.

A multicentre, international prospective study in consecutive pregnant patients with suspected PE was performed. All were managed according to the pregnancy-adapted YEARS algorithm, starting with simultaneous assessment of 3 YEARS items and D-dimer concentration. In patients with no items and a D-dimer <1000ng/mL, or in patients with ≥1 items and D-dimer <500ng/mL, PE was excluded. Adaptation of YEARS involved compression ultrasound in patients with signs of deep vein thrombosis; if positive, CTPA was not performed. All other patients underwent CTPA. The primary outcome was the incidence of venous thromboembolism during 3-month of follow-up. The secondary outcome was the number requiring CTPA.

510 consecutive patients were screened (2.4% excluded). 20 of the remaining patients were diagnosed with PE (4.0%). Of the patients with PE excluded, 1 developed a popliteal DVT during follow-up (0.21%, 95%CI 0.04-1.2) but none PE. Overall, CTPA was not indicated in 195 (40%) patients. The efficiency of the algorithm slightly decreased after trimester 1, with 32% of patients still managed without CTPA in trimester 3.

PE was safely excluded by the pregnancy-adapted YEARS diagnostic algorithm across all trimesters of pregnancy. Exposure to CTPA imaging could be avoided in 40% of patients.

135- POSTER (JOGS)

Unstable lie; Antenatal management and method of delivery

Ciara McCormick, Roisin McConnell, Vicky O'Dwyer

The National Maternity Hospital, Dublin, Ireland

Abstract

Unstable lie refers to pregnancies at term in which the fetal lie is oblique or transverse or in which the lie varies[1]. HSE guidelines recommend admission between 37^{+0}-38^{+0}in the case of transverse lie with the aim of preventing umbilical cord prolapse, yet there are no further specific recommendations regarding the management of unstable lie[2].

The aim of this study was to assess the current management and outcomes of women admitted to the antenatal ward with a diagnosis of unstable lie.

This was a prospective study conducted in the National Maternity Hospital from January 2019 to September 2019. All charts of women admitted with unstable lie were reviewed and the data collected. Ethical approval was obtained prior to commencement.

A total of 48 women were admitted over 9 months. 84.5% were admitted after 38^{+0}weeks of gestation, with the average length of stay 4.8 days. 44% of women were discharged following stabilisation of the fetal lie. 1/3 of these women were readmitted. The overall Caesarean section(LSCS) rate was 62.5%. All women with a previous LSCS had a repeat LSCS. Over 54% of women without uterine scars had a cephalic presentation at delivery. This cohort had a LSCS rate of 30.7%. 12 nulliparous women were included in the study. 11 were delivered by LSCS. The rate of admission to the neonatal unit was 10.4%.

Unstable lie is associated with a prolonged inpatient stay and increased LSCS rates. Further research is needed regarding delivery decisions and the safety of outpatient management

136- POSTER (JOGS)

Preventing Surgical Site Infection After Caesarean Section in UHK

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Abstract

A 2012 systematic review for the WHO "clearly indicated that surgical site infections (SSI) are a major source of morbidity and mortality". According to international literature SSI incidence in Caesarean Sections (CS) ranges from 3-11% and studies by the CDC have indicated similar results in Ireland.

An audit in UHK revealed that SSI in CS was 15%. Higher than National and International averages. It was decided that a re-audit would be undertaken to assess for ongoing risk factors (RF) for women undergoing a CS and whether UHK were the reduced SSI targets.

We are looking at > 100 CS over a 3 month period and categorized both their pre-operative and intraoperative RF and adherence to guidelines. The data was collected from electronic charts via Cerner Software. Women who presented with SSI within the post partum period (6 weeks post delivery) were included in the study. Both Elective and Emergency CS were included in the study. Particular attention was given to antenatal RF such as GDM/DM, BMI, Age as well as intrapartum RF such as elective/emergency CS, duration of ROM, duration of surgery, use of the Alexis-O retractor, skin and subcutaneous closure, EBL and types of dressing.

Those with SSI were divided into four categories

1: Superficial

2: Deep subcutaneous infection

3: Wound Dehiscence

4: Pelvic Collection/Abscess.

At 6 weeks, the postpartum presentation to ED with SSI was 4.5% indicating significant improvement. A formal infection prevention control policy needs to be implemented and adequate education given regarding the same.

137- POSTER (JOGS)

Case Series of Unusual Presentations of Ovarian Cancer

Aoife McTiernan, Elizabeth Dunn

Wexford General Hospital, Wexford, Ireland

Abstract

43 year old, Para 2 referred with a 'feeling of something coming down'. On examination, nil palpable abdominally and mild cystocoele and rectocoele identified. Pelvic US identified a right ovarian cyst. CT suggested involvement of left ovary also. Elevated CA125 and LDH. She underwent a TAH with BSO. Histology high grade serous adenocarcinoma.

62 year old, Para 4 referred with heavy post-menopausal bleeding. Pelvic US thickened endometrium. Hysteroscopy normal, histology negative hyperplasia/malignancy. She represented with same twice over course of ten months, second hysteroscopy normal, histology normal. Third hysteroscopy thickened endometrium, Mirena coil was inserted and histology showed hyperplasia. TAH with BSO recommended but declined initially. At six month interval endometrial biopsy, decision to proceed with TAH and BSO. Histology from which reported a sex-cord stromal tumour left ovary.

40 year old, history of primary infertility booked a 12+ weeks gestation with DCDA twins following successful IVF. Her pregnancy was complicated by pre-eclampsia and delivered by elective caesarean section during which left ovarian cyst was found and left salpingo-oopherectomy performed. Histology reported invasive mucinous adenocarcinoma. Subsequent TAH and RSO.

39 year old, P2 attended for yearly pelvic US and CA125 surveillance due to family history of BRCA2 gene. Maternal aunt breast cancer. Mother underwent prophylactic double mastectomy and bilateral oophorectomy. Presented to ED with abdominal bloating and reduced appetite, three months after last normal pelvic US and CA125. CT scan showed left adnexal mass with omental thickening and ascites. CA 125 elevated at 2835. Urgently referred to gynae oncology.

138- POSTER (JOGS)

Case Study: Klippel-Feil Syndrome associated with Mayer-Kuster-Hauser-Rokitansky Syndrome

Aoife McTiernan, Venita Broderick

National Maternity Hospital, Dublin, Ireland

Abstract

35 year old, nullip, was referred to a specialist gynaecology clinic from paediatric services to discuss reproductive options.

She attended paediatric services as a child with scoliosis, corrective shoulder surgery and management of osteoporosis. In addition to this surgery she also underwent corrective breast surgery due to unilateral breast development. A diagnosis of Klippel-Feil syndrome was made. At 18years of age she underwent investigations for primary amenorrhoea. Ultrasound pelvis showed normal ovaries bilaterally but absent uterus and a hormone profile revealed hypogonadotrophic hypogonadism. She was commenced on oestrogen hormone replacement therapy. Genetic testing revealed 46XX karyotype.At review clinical examination showed normal appearance of urethra, external genitalia, normal growth of pubic and axillary hair and a short vagina. An MRI pelvis was performed which showed absence of the uterus, left ovary and vagina. A small right ovary is present. Imagining of the renal tract showed normal bladder, a normal right kidney in the correct anatomical position but left renal agenesis. Clinical and radiological investigations corroborated a diagnosis of Mayer-Rokitansky-Kuster-Hauser syndrome. Reproductive options discussed included egg stimulation or cryotherapy with the need for subsequent IVF and surrogacy.

Review of literature suggests multiple abnormalities associated with MRKH syndrome. Of those encountered renal tract anomalies and skeletal abnormalities are the most commonly identified. Skeletal abnormalities include cervicothoracic dysplasia, scoliosis, stapedial ankylosis and Klippel Feil syndrome characterized by fusion of a least two vertebrae of the neck. Klippel Feil syndrome as in this case, is more commonly associated with MRKH type 2.

139- POSTER (JOGS)

CHANGING TRENDS IN PRACTICE IN OUR EPAU SERVICE

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Abstract

The Early Pregnancy Assessment Unit (EPAU) is a specialised clinic dedicated to providing care to women in early pregnancy.

The aim of this study was to analyze and outline the fluctuation of patient numbers that presented to our EPAU service along with the changes in management for miscarriages and ectopic pregnancies between 2012 and 2017.

There were 36,038 attendances to our EPAU during this time frame of which 14,886(41%) were new presentations. The pregnancy of unknown location (PUL) rate rose from 14% in 2012 to 20% in 2017. The number of women opting for surgical management of miscarriage also increased from 22% in 2012 to 40% in 2017. While the number of women opting for conservative management declined from 58% in 2012 to 32% in 2017. The number of women opting for medical management group did not change remaining at an average of 23%. Surgical management of ectopic pregnancies increased from 37% in 2012 to 61% in 2017. While medical management for ectopic pregnancy dropped from 36% in 2012 to 13% in 2017. Conservative management of ectopic pregnancies remained overall the same with an average of 23%.

Although the overall number of appointments over the last six years has not changed. However, there has been a change in our practice during this period. We are seeing more women probably at earlier gestations hence pushing up our PUL rate. And we seem to be resorting more to surgical management for both miscarriages and ectopics.

140- ORAL & POSTER (IPNS)

THE BIG CHALLENGE: DETECTION AND APPROPRIATE MANAGEMENT OF THE SMALL FOR GESTATIONAL AGE FETUS

Aisling Heverin, Devor Zibar, Fiona Cullinane, Shobha Singh, Miriam Doyle, Anabela Serranito

Obstetrics and Gynaecology Department, Midlands Regional Hospital Portlaoise (MRHP), Portlaoise, Co Laois, Ireland

Abstract

Intrauterine fetal growth restriction (FGR) affects up to 10% of pregnancies. Once FGR is diagnosed, the guidelines recommend 2 weekly assessments of fetal growth, amniotic fluid volume and umbilical artery Doppler evaluation.

The purpose of this study was to identify the total number of FGR cases in our maternity unit over a six month period. The second objective was to determine the detection rate of FGR and subsequent antenatal management.

Small for gestational age (SGA) or isolated FGR was defined as an estimated fetal weight (EFW) <10th centile. A retrospective review of the birth registrar was carried out to identify term singleton SGA neonates over a six month period. A Retrospective chart review was subsequently carried out to identify the number of SGA cases. Of those SGA cases, the number correctly detected and appropriately managed was also established.

Over a six month period there was a total of 42 SGA cases. 50% (21/42) of the SGA cases were antenatally detected. Of those detected during the antenatal period, 48% (10/21) were managed appropriately according to the guidelines. 59.5% (25/42) had a vaginal delivery while 40.5% (17/42) had a LSCS. The gestation at delivery ranged between 37^{+2}/40- 40^{+11}/40. The average weight at birth was 2573g with the range between 2000g- 2995g.

Currently only one third of SGA pregnancies are prenatally recognised. Our SGA detection rate was found to be higher than in the literature however a more structured approach to the antenatal management following diagnosis is required.

141- ORAL & POSTER (IPNS)

SIGNIFICANT RISK FACTORS: IS THERE A BENEFICIAL ROLE FOR 2ND/3RD TRIMESTER FETAL ULTRASOUND TO IDENTIFY THE SMALL FOR GESTATIONAL AGE FETUS?

Aisling Heverin, Devor Zibar, Fiona Cullinane, Shobha Singh, Miriam Doyle, Anabela Serranito

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Abstract

Antenatal detection of the small for gestational age (SGA) fetus remains a challenge for obstetricians. The guidelines recommend serial evaluation of fetal growth, amniotic fluid volume and umbilical artery doppler from 26 weeks gestation in 2-4 weekly intervals in the presence of significant risk factors.

The purpose of this audit was to determine if there was a beneficial role for $2^{nd}/3^{rd}$ trimester departmental ultrasound scans for patients with risk factors for SGA.

SGA was defined as an estimated fetal weight $<10^{th}$ centile. A review of the birth registrar was performed to identify singleton SGA pregnancies at term over a six month period. A retrospective chart review was carried out to identify risk factors for SGA; maternal age, IVF, nulliparity, BMI (<20->25), tobacco use, previous pre-eclampsia, previous SGA, previous stillbirth, drug use, maternal medical conditions, antepartum haemorrhage.

Over a six month period there was a total of 42 SGA cases. 88% (37/42) had one or more risk factors for FGR. The most common risk factors were BMI with 50% (21/42), followed by nulliparity 45% (19/42), smoking 40% (17/42) and maternal age 29% (12/42). 69% (29/42) of cases had one or more major risk factors. SGA was detected between $31^{+4}/40$ and $39^{+4}/40$ gestation.

Early identification and appropriate management of the SGA fetus can reduce perinatal morbidity and mortality. The presence of one or more risk factors in 88% of SGA cases highlights the need for $2^{nd}/3^{rd}$ trimester departmental ultrasound surveillance to aid in the detection of fetal growth restriction.

142- POSTER (JOGS)

Audit on the Surgical Safety Checklist at Galway University Hospital Maternity Unit.

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University Hospital Galway, Galway, Ireland

Abstract

Objective:

To evaluate compliance of the Surgical Safety Checklist at the Galway University Hospital Maternity Unit.

Introduction:

In 2013 the HSE published a document "National Policy and Procedure for Safe Surgery" based on the 2008 WHO Surgical Safety Checklist. . A suggested check-list is provided in the document and it is emphasized that checklists and tools are known to improve outcomes (HSE, 2013).

A multi-centre international study comparing patient outcomes before and after implementation of the WHO Surgical Safety Checklist showed a significant overall reduction in postoperative complications and mortality.

Aim:

The aim of the audit was to assess compliance with the national standards set out in the National Policy for Safe Surgery.

Method:

A retrospective review of 50 charts in the Maternity Unit was carried out anonymously between March-May 2019. Results were analysed using Microsoft Excel.

The primary outcome measure was the adherence to the Surgical Safety Checklist (sign-in, time-out, and sign-out) and if it was appropriately completed.

RESULTS:

In total, 50 charts were reviewed, 37 elective and 13 emergency cases. The Surgical Safety Checklist was competed in 24% (n=12), partially completed in 54% (n=27) and not used in 22% (n=11) of cases. Overall 36% (n=9/25) of gynaecology cases and 12% (n=3) of Obstetrics cases had a checklist completed.

Conclusion

As expected, compliance is most reduced during emergency cases and after hours. The results of this audit illustrate the need for increased compliance with the surgical checklist in order to improve patient safety in the operating theater.

143- POSTER (JOGS)

MEASURING UP TO STANDARDS: ARE WE RECORDING THE FUNDAL HEIGHT AT EACH ANTENATAL VISIT?

Aisling Heverin, Devor Zibar, Fiona Cullinane, Shobha Singh, Miriam Doyle

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Abstract

Serial ultrasound assessment is not practical in all pregnancies. The guidelines recommend that clinical assessment of fetal size should occur at every antenatal visit and the symphysis-fundal height (SFH) should be recorded in cm and plotted in a customised chart. The SFH is used for fetal growth screening to identify at-risk pregnancies which require sonographic assessment.

To determine if SFH is measured in cm at each antenatal visit in order to detect high-risk pregnancies for fetal growth restriction.

A review of the birth registrar was performed to identify small for gestational age (SGA) cases over a six month period. A retrospective chart review was subsequently carried out to identify if SFH was documented in cm at each appointment. The criteria set was a minimum of 50% of the total number of visits included a documented SFH in cm.

A total of 42 SGA cases were identified. The results showed that 19% (8/42) of patients had a SFH measurement documented in cm in ≥50% of the antenatal visits. 40.5% (17/40) had no SFH measurement in cm. In all the cases in which the SFH was not documented in cm, equal to dates was the default documentation. A customised fundal height chart was not available in our maternity unit.

The results showed that SFH is being measured however only 19% of cases were precisely determined in cm. Customised fetal growth charts to assist with the interpretation of SFH measurement will improve the prediction of a SGA fetus.

144- POSTER (JOGS)

AUDIT ON THE MANAGEMENT OF PREGNANT WOMEN WITH OBESITY IN MIDLANDS REGIONAL HOSPITAL MULLINGAR (MRHM)

Narjes Fhelelboom, JAMAL DAKHIEL, MAJDA ALMSHWT, MICHAEL GANNON, SAM THOMAS

MRHM, CO WESTMEATH, Ireland

Abstract

Maternal obesity is an important risk factor associated with an increase in pregnancy complications, in modern obstetrics worldwide. Obesity is described as a body mass index (BMI) of 30 or more.

This audit assesses the compliance to the RCOG guidelines for the management of women with obesity antenatally, intrapartum and postnatally.

This retrospective study involved retrieval of 890 charts from the maternity department over a 6 month period. Out of these, 199 charts for obese pregnant women were subsequently analysed.

Preliminary results of the audit showed that all women had their BMI calculated at the booking visit. All obese women were screened for glucose tolerance. Almost all these women received active management for third stage of labour. Approximately 10% of obese women were not assessed for risk of VTE. Only less than 25% of obese pregnant women had serial growth scans.

Unfortunately no women with grade 3 obesity received thromboprophylaxis in doses appropriate for their weight 10 days postnatally as per the guidelines.

By presenting the results of this audit to all maternity staff, we would be able to increase adherence to the guidelines and improve documentation regarding pre pregnancy counselling, dose of folic acid, dose of aspirin and measurement of the cuff size.

A future re-auditing is recommended to assess the efficacy of these results.

145- POSTER (JOGS)

“Doctor – what are these spots in my mouth?’ Idiopathic thrombocytopenia purpera in term pregnancies. A discussion of two cases.

Charles Leahy

South Tipperary General Hospital, Clonmel, Ireland

Abstract

“Doctor – what are these spots in my mouth?’ Idiopathic thrombocytopenia purpera in term pregnancies. A discussion of two cases.

Dr. Charles Leahy, (STGH, WUH)

ITP (idiopathic thrombocytopenia purpera) is characterized by moderate-to-severe thrombocytopenia commonly diagnosed at any stage in pregnancy. The severity of thrombocytopenia has adverse implications on both maternal and fetal well-being. This case series describes two such cases treated in a regional hospital. This case series describes the presentation, management, and outcomes of two such patients.

A term patient presented to labor ward with visible blood-filled bullae in the oral mucosa associated with a new-onset full-body purperal rash. The patient was admitted, and initial bloods identified a platelet count of 0. Following MDT input, the diagnosis of immune thrombocytopenic purpura was made.

The second case involves a term breech DCDA twin pregnancy who presented at term with general malaise and a pruritic petechial rash in an otherwise uncomplicated pregnancy.

The diagnosis was predicated on excluding the other common precipitants of thrombocytopenia. This includes haemolytic disorders of pregnancy including HELLP, PET, DIC, neoplasia, and gestational thrombocytopenia.

Both patients were managed in conjunction with heamatology specialist input. Acute management was with high dose prednisolone as well as Immunoglobulin G. Treatment was accompanied by a rapid return in platelet count to normal levels.

Delivery was uncomplicated by heamorrhage in both cases. One patient was delivered by induced labor while the second patient was delivered by elective caesarian section. Neither neonate displayed sequelae of the maternal thrombocytopenia or treatment.

146- POSTER (JOGS)

ARE WE COMPLETING THE RISK ASSESSMENT FORM AT THE ANTENATAL BOOKING VISIT IN ORDER TO IDENTIFY HIGH RISK PREGNANCIES?

Aisling Heverin, Fiona Cullinane, Miriam Doyle

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Abstract

The guidelines recommend that a comprehensive medical and obstetric history should be obtained for every patient booking for antenatal care to assess risk factors for high risk pregnancies. The risk assessment form identifies patients who require consultant led care with regular sonographic surveillance. Early detection of risk factors aims to reduce perinatal and maternal morbidity and mortality.

To determine if the risk assessment form in our maternity service was completed at the booking appointment in order to screen for high risk pregnancies.

Cross sectional data was obtained from a sample of current antenatal inpatients in a single day to establish if the risk assessment booking form was successfully completed. The risk assessment form identifies risk factors for fetal growth restriction, pre-eclampsia, gestational diabetes, venous thromboembolism and post-partum haemorrhage. The form also identifies pre-existing maternal medical conditions which impose a higher risk in pregnancy.

There was a total of 23 antenatal inpatients on the selected day of data collection. 78% (18/23) of patient's notes had the risk assessment forms completed.

The results show that our maternity unit is effectively identifying those high risk pregnancies which require increased surveillance.

147- POSTER (JOGS)

Maternal Biomarkers and their role in the prediction of GDM

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Abstract

Gestational Diabetes Mellitus (GDM) has increased in recent years as diagnostic criteria for diagnosis has been made more sensitive. GDM is associated with complications for the mother, the fetus and the infant.

The aim of our study was to see whether maternal biomarkers taken in the first trimester were predictive of GDM. This was a prospective observational study.

Women were invited to attend for fasting bloods. Serum samples were taken in a 7.5 ml Sarstedt serum tube, containing a clotting activator. Samples were processed for insulin, CRP, and lipids. HOMA was calculated using the glucose and insulin methods. All measurements were expressed as mean ± standard deviation (SD) and compared between two groups using an independent t-test on SPSS IBM version 20. Samples were first compared using Pearson's correlation to assess the correlation between the sample and the development of GDM. Logistic regression was used to assess predictors of GDM. There was a significant difference if the *P* value was < 0.05.

There were 162 women included from the primary study for first-trimester blood analysis. The incidence of GDM for the cohort was 21.6% (*n* = 35). HOMA-IR was the strongest predictor of GDM (*P* = 0.001). CRP and serum lipids did not predict the development of GDM later in pregnancy

Our study has shown that insulin resistance, as measured by HOMA-IR in the first trimester of pregnancy, is a predictor of GDM later in the pregnancy.

148- POSTER (JOGS)

THE IMPORTANCE OF GENETIC COUNSELLING: A CASE OF RECURRENT MISCARRIAGES

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Abstract

This case is of a 31-year-old woman, gravida 5 para 1+4, who is pregnant with twins. She has one living son and had 2 early miscarriages and 1 late miscarriage at 22+4 weeks (dichorionic diamniotic twins). She has no other significant medical history.

Because her son has an intellectual disability, the recurrent miscarriages raised suspicion of a possible genetic correlation between his condition and the miscarriages.

Foetal skin biopsies and placental samples from the miscarried twin foetuses were sent for genetic analysis and a post-mortem was conducted.

Post-mortem revealed chorioamnionitis as the cause of miscarriage and a heterozygous deletion on chromosome X in both mother and twins. Genetic analysis reported a likely pathogenic, non-polymorphic deletion containing 25 genes including SOX3 and ATP11C genes, former of which is linked to intellectual disability. However, it did not establish whether the deletion caused foetal death. The patient was counselled by a geneticist where she was informed of the possibility of the same deletion occurring in future pregnancies. Chorionic villus sampling was offered to detect the deletion in the current pregnancy, but was declined. She had reassurance that while her son and future pregnancies may carry the deletion, it probably wasn't causing the recurrent miscarriages.

This case presents an interesting scenario where although a genetic cause for recurrent miscarriages wasn't identified, genetic counselling still played an important role in the care of the patient and her family. It also highlights the significance of such counselling in singleton versus multiple pregnancies.

149- POSTER (JOGS)

PELVIC INFLAMMATORY DISEASE AS A DIFFERENTIAL DIAGNOSIS FOR ACUTE PELVIC PAIN

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Abstract

Objective: Acute pelvic pain is a common presentation to emergency departments and pelvic inflammatory disease (PID) is a differential diagnosis. We sought to audit management of patients presentations to Tallaght University Hospital where (PID) was a suspected diagnosis.

Methods: An audit was carried out of all presentations over a 12-month period from July 2018 – July 2019 where PID was a differential diagnosis. Patient characteristics, admission requirement, inflammatory markers and microbiology results were analysed.

Results: Fifty-five women were reviewed by the gynaecology service with a differential diagnosis of PID during the study period. Almost two-thirds of women (34/55) in the study cohort required admission for pelvic pain. 57% (31/55) of women were treated empirically for PID and received antibiotics. Of those treated almost 30% (9/31) subsequently were found to have PID after microbiological investigation. On examination of inflammatory laboratory indices approximately half of women (27/55) had a raised C-reactive protein at the time of presentation, while 16% (9/55) had a raised white cell count. Of those who were positive for PID 8/9 had a raised C-reactive protein (range 76-143) while all had a normal white cell count.

Conclusion: Acute pelvic pain is a complex presentation and may lead to empiric treatment of patients who are subsequently found to not have PID. C-Reactive protein is likely to be increased in those who have PID but is not diagnostic. All patients should have a thorough history and examination and this should be combined with laboratory indices prior making a decision for antibiotic treatment.

150- POSTER (JOGS)

UNSCARRED UTERINE RUPTURE : A RARE BUT POTENTIALLY CATASTROPHIC OBSTETRIC EMERGENCY

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Abstract

Rupture of unscarred uterus is a rare event and is a catastrophic obstetric emergency associated with significant fetomateral morbidity and mortality. Occurance of rupture of unscarred pregnant uterus is 1/5700 – 1/20000.

We report a rare case of 34 yo G2P1(previous kiwi delivery), uneventful antenatal course, induced with propess at 38+5/40 due to polyhydramnios. After 4hr 40min, the propess was removed due to uterine hyperstimulation. ARM was done 8hr later at 5 cm dilation to augment labor.

After 1 hr CTG became non reassuring so FBS was done which was normal. syntocinon was commenced to augment labour due to slow progress after consultant review due to ongoing concerns. Meanwhile the liqor and urine became blood stained. After 2 hr of syntocinon at 45ml/hr the CTG became non reassuring again thus FBS was repeated which was within normal limits.

Suddenly the patient vomited with associated dizziness and pain in right breast. Syntocinon was stopped. At that stage there was uncertainty that whether the heart rate being picked up by CTG was fetal or maternal. FHR was finally confirmed by fetal scalp electrode and found to be dropped to 30bpm and patient was rushed to theatre for category 1 section. Intraoperatively uterine tear was identified and repaired.

Risk factors for rupture of unscarred uterus include grand multiparity, induced labour, polyhydramnios, malpresentation or previous surgical abortion. . Diagnosis of uterine rupture in unscarred uterus is a rare event therefore we recommend that its diagnosis requires high index of suspicion for its diagnosis.

151- POSTER (JOGS)

First Trimester Antenatal biochemical screening, is it worthwhile?

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Abstract

Pregnancies with undiagnosed underlying pathologies are at higher risk of adverse outcomes. Trimester one (T1) is considered to be the most opportune time to intervene to minimize risks for both mother and infant. Routine T1 antenatal biochemical screening is not current clinical practice. We implemented universal T1 biochemical screening for pregnant women presenting to Galway University Hospital in December 2018. This prospective study analysed the outcomes of this change to practice in 669 women.

The antenatal care profile includes thyroid function, liver and renal profile, calcium, HbA_{1c}, glucose and iron studies. Test results were evaluated using both quoted non-pregnant and T1-specific reference intervals.

The HbA_{1c}decision threshold (36mmol/mol or 5.4%) established in early pregnancy to predict gestational diabetes with a diagnostic sensitivity and specificity of 27% and 95% identified 29 (4.3%) women. A total of 42 (6.3%) women were deemed iron deficient using non-pregnant reference intervals. However, when T1-specific intervals were applied, 135 (20.2%) women were identified as having iron deficiency. Four women were hypercalcaemic, two of whom required hospitalisation. Thirteen percent (n=87) of women had TSH levels >2.5mIU/L with one patient having a markedly elevated TSH of 100 mIU/L.

This analysis of a clinical practice change using T1-specific reference intervals identified 252 of 669 (37.7%) abnormalities at a cost of €22.50/woman. These preliminary findings suggest that trimester-specific reference intervals are critical to identify women with abnormal results in early pregnancy. We advocate biochemical testing in T1 on all pregnant women as unrecognized pathologies may impact negatively on pregnancy outcomes.

152- ORAL & POSTER (ISGO)

Endometrial Cancer in Patients undergoing Bariatric Surgery

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Abstract

Obesity is a risk factor for endometrial cancer. First line treatment for endometrial cancer is surgery with adjuvant radiotherapy and/or chemotherapy. In premenopausal women this causes irrevocable infertility. Obesity can sometimes preclude surgical management entirely. Conservative management of endometrial cancer entails progesterone with regular endometrial sampling. Metabolic surgery may serve as an additional treatment for early stage endometrial cancer particularly in patients where fertility preserving surgery is desired.

Methods

This study included all women diagnosed with endometrial adenocarcinoma (EAC) or complex atypical hyperplasia (CAH) referred for bariatric weight loss surgery between September 2018 and September 2019. Basic demographics, histological diagnosis, surgical bariatric treatment, medical management and follow-up histology were recorded. Primary outcome was complete remission of disease.

Results

10 patients diagnosed with EAC or CAH were referred for bariatric weight-loss surgery. All women had a Mirena coil placed. Median age was 55 years. Average BMI at diagnosis was 48. 5 patients underwent laparoscopic vertical sleeve gastrectomy, 2 were deemed not suitable for bariatric surgery and 3 were awaiting review. Of the 5 patients who underwent bariatric surgery, 3 (60%) had a normal endometrial biopsy at follow up and 2 had persistent CAH and EAC. The median time to surgery was 170 days.

Discussion

This study was limited by small number of patients. In obese patients, bariatric surgery can be an effective therapy for endometrial cancer. However, adequate endometrial surveillance is necessary. While 2 patients had persistent CAH/EAC findings, there was no progression of disease in either patient.

153- POSTER (JOGS)

CURRENT PERSPECTIVE OF TWIN PREGNANCIES IN A TERTIARY MATERNITY HOSPITAL

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Abstract

Incidence of twin pregnancies is increasing, possibly related to use of assisted reproductive technology. Twin pregnancies have increased risks of obstetric complications (preterm labour, pre-eclampsia, obstetric cholestasis, gestational diabetes), and twin-specific complications (twin-twin transfusion syndrome, cord entanglement). As incidence of twin pregnancies increases, it is important to characterise these deliveries.

This retrospective cohort study includes all twin pregnancies delivered in a tertiary maternity hospital in 2018.

In 2018, there were 150 twin pregnancies delivered, the mean gestational age being 35+6 weeks (SD 3.14). 67 (44.6%) were delivered preterm. 26 (17.3%) pairs presented in spontaneous labour (SOL), of which 30 (57.7%) babies delivered spontaneously vaginally (SVD), 4 (7.7%) required operative vaginal delivery (OVD) and 18 (34.6%) babies were delivered by caesarean section (CS). 40 (26.6%) pairs had IOL, of which 46 (57.5%) were SVD, 13 (16.25%) required OVD and 21 (26.25%) babies were delivered by CS. 84 (56%) pairs of twins had pre-labour CS, of which 48 (57.8%) were for fetal reason, 13 (15.6%) were for previous CS and 6 (7.2%) were for maternal request. 103 (68.6%) pairs were delivered by CS, with 1 (0.48%) requiring emergency CS of second twin following SVD of the first twin. 295 (98.3%) babies were liveborn, 4 (1.3%) were intrauterine deaths and 1 (0.3%) was a neonatal death.

There is a high success rate for vaginal delivery in twin pregnancies and patients should be counselled accordingly.

154- POSTER (JOGS)

STANDARD OF CARE FOR PATIENTS PRESENTING TO HOSPITAL POST MEDICAL TERMINATION OF PREGNANCY(TOP)

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Abstract

Following new legislation in Ireland (Regulation of Termination of Pregnancy Act 2018), termination services commenced on 1st January 2019. As a result, patients are now presenting to hospital with complications such as bleeding, infection, continuing pregnancy and retained products of conception having undergone medical TOP in primary care.

The National Interim Guideline, *TOP under 12 weeks*, outlines several recommendations on standards of care for these patients. The aim of the audit was to assess if the standard of care was being met compared to the National guideline.

A retrospective review was undertaken of all patients presenting to the Maternity Department from the 1st January to the 1st September 2019 to identify those presenting post-medical TOP (n=11). The patient files were reviewed and a database established. Data collection included the reason for admission, patient management, venous thromboembolism (VTE) risk assessment, and if contraceptive advice, counselling/psychological support and follow-up were offered.

The audit found that none of the patients underwent a VTE risk assessment (n=0%). Two of the patients were offered contraceptive advice (n=18%). Psychological support was only offered in three cases (n=27%). All patients were advised to follow-up with their GPs.

Women presenting with complications post TOP poses a new challenge for health care professionals in Ireland. Women who have made a conscious decision to seek TOP should be provided with an acceptable standard of care. The results of this audit will be used to devise a local guideline according to National recommendations. A re-audit is planned for 2020.

155- POSTER (JOGS)

INSTITUTIONAL GUIDELINES FOR THE MANAGEMENT OF PREGNANCY AFTER BARIATRIC SURGERY

Niamh Keating, Eileen O'Brien, Sinead Curran, Mary Higgins, Fionnuala McAuliffe

National Maternity Hospital, Dublin, Ireland

Abstract

Bariatric surgery rates are rising in Ireland as a treatment for obesity. Approximately 80% of bariatric surgeries are performed in women, among whom half are of childbearing age. With subsequent weight loss, many women will experience a resumption of menses and a return of fertility. We aimed to generate institutional recommendations, with multidisciplinary input, to improve care and outcomes for women attending our service. A review of international literature and guidelines was conducted. Consultation with obstetricians, dieticians, midwives, bariatric surgeons and anaesthetists occurred and feedback is being sought.

The preliminary recommendations are;

(1) Preconception assessment and counselling is advisable and women should delay pregnancy until 18-24 months post-surgery.

(2)Woman who conceive should be managed in a multidisciplinary setting with access to obstetricians, dieticians, bariatric surgeons, endocrinologists and anaesthetists

3) While bariatric surgery reduces incidence of gestational diabetes, many women will still have a raised BMI and require diabetes screening. Standard glucose tolerance testing may need to be adjusted to prevent dumping syndrome

(4) Women are at an increased risk of nutritional deficiencies and small for gestational age infants, especially those who have had malabsorptive procedures. Screening for nutritional deficiencies should take place in each trimester with appropriate management. A third trimester growth scan should be performed.

We propose guidelines for our institution on the management of women in pregnancy following bariatric surgery in line with international consensus and with multidisciplinary input. It is envisaged that these guidelines will ensure consistent, high-quality care for women post-bariatric surgery

156- POSTER (ISGO)

The Role of Pulmonary Metastectomy in Gynaecology Malignancy.

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Abstract

Long term outcomes after pulmonary metastectomy for recurrent gynaecology malignancy are not well documented. We sought to examine the indications and outcomes of patients who had a pulmonary metastectomy for gynaecology malignancy in a tertiary referral centre in Dublin Ireland.

A retrospective analysis of medical records for the period 01/01/2014 to 01/01/2019 was performed. Search criteria included history of primary gynaecological malignancy, metastectomy , Video assisted thoracic surgery (VATS), thoracotomy and wedge resection.

10 patients underwent pulmonary metastasectomy for isolated recurrent disease . Median age was 65yrs (range 45-85yrs). Primary diagnosis were ovarian cancer (n=5), uterine sarcoma (n=4) and mucinous adenocarcinoma of the cervix (n=1). The time to pulmonary recurrence was 3.6 years (range 1yr to 17yrs). Histology confirmed recurrence in all cases. Two patients were lost to follow up. Of the remaining 8 patients the mean time to disease progression was 8.8 months (range 4-24months) following metastectomy. There were no grade III morbidities in this cohort.

With regards to ovarian carcinoma 40% (2/5) have stable disease following disease progression with 1 patient currently receiving chemotherapy and 1 patient on a PARP inhibitor . Two ovarian cancer patient s died 5 months and 2 years following metastectomy and 1 patient was lost to follow up. Three of the uterine sarcoma patients remain under surveillance, 2 with disease progression.

Pulmonary metastectomy for recurrent gynaecological cancer is an acceptable safe form of treatment in carefully selected patients. Patients with isolated pulmonary recurrences should be considered for surgical intervention if their performance status is suitable.

157- POSTER (JOGS)

DIAPHRAGMATIC HERNIA COMPLICATING PREGNANCY. A CASE REPORT

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University Hospital Galway, Galway, Ireland

Abstract

Background:

Diaphragmatic hernia complicating pregnancy is rare and results in a high fetal and maternal mortality particularly if early surgical intervention is not undertaken. A very high degree of suspicion in needed for diagnosis as the symptoms produced by this hernia are seen in normal pregnancy also.

Case:

A 41-year-old, P3+0 with BMI of 31 kg/m2 with a background history of Nissen Fundoplication in April 2012 for hiatus hernia. She became pregnant after few months, had been complaining of upper abdominal pain throughout her pregnancy,later delivered by SVD at 40+6 days. At 5 weeks postpartum she presented to Emergency Department with single episode of haematemesis. She had urgent Chest X-Ray and Barium Swallow done which showed diaphragmatic hernia with stomach herniation. She underwent emergency laparoscopic diaphragmatic hernia and 80% of stomach was reduced and anterior fundoplication performed. After 6 years she conceived again, is now under the care of antenatal services and consensus is made to deliver by 36 week after MDT discussion.

Conclusion:

Maternal diaphragmatic hernia identified during pregnancy is rare and potentially life threatening. Immediate operative treatment is indicated if signs of visceral strangulation is present, irrespective of fetal maturity. Where expectant management chosen, potential challenges of malnutrition, visceral obstruction and respiratory compromise, carefully evaluated.

158- POSTER (JOGS)

Liver function in a cohort of women with gestational diabetes

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[1]CUMH, Cork, Ireland. [2]UCC, Cork, Ireland

Abstract

Objective: We wished to describe liver function using alanine transaminase (ALTs) liver enzyme in a cohort of women with Gestational Diabetes Mellitus (GDM) and to investigate the prevalence of raised ALTs in this group We also wished to explore the relationship between raised ALT levels and other factors affecting pregnancy outcome.

Method: We analyzed data from 1,263 women attending the Diabetes in Pregnancy Clinic between the years of 2014-2016.Women who are diagnosed with GDM in our service generally have a routine liver function tests (LFTs) done at diagnosis. Data was available on 995 women. The patients with abnormal LFTS were looked at further to rule out other conditions associated with abnormal LFTS specifically liver disease prior to pregnancy, pre-eclampsia and cholestasis of pregnancy.

Results: 24.3% of participants were noted to have raised ALT levels. When this was adjusted for confounding factors the percentage was found to be 23.9%. The mean value of the raised ALT was 74.4 units (95% CI 64.45-84.37) in the group with raised ALTs. There was a non- significant association between abnormal ALT and raised BMI. 53.8% of those women with raised ALTs had macrosomic babies (>4.5kg).

Conclusions: Abnormal LFTS are surprisingly common in women with GDM. This is still high when significant diagnoses are excluded. There is a trend towards an association with raised maternal BMI. This has been poorly described in the literature but may represent a group of women who may be at increased risk of Fatty Liver Disease in latter life.

159- POSTER (JOGS)

AN AUDIT OF THE UNATTENDED APPOINTMENTS IN THE AMBULATORY GYNAECOLOGY SERVICES AT MAYO UNIVERSITY HOSPITAL

Catherine O'Regan, Catherine Taafe, Iulia Irimia, Maebh NiBhuinneain

Mayo University Hospital, Castlebar, Ireland

Abstract

The ambulatory gynaecology services at Mayo University Hospital have been in operation since 2008. This “one stop” service has been successful at reducing repeated outpatient gynaecology appointments and day case admissions. Anecdotal evidence suggests that large number of patients aren’t attending or cancelling their appointments, increasing the strain on the service and its growing demand.

We set out to establish the rate of patients not attending their appointments (DNA) over a 9 month period. We compared the rate of DNA at the ambulatory gynaecology services against the colposcopy services, which has had a functioning text message service as a reminder to patients in operation since 2018. We hope to show that a text message reminder reduces the rate of DNA patients, and thus improve our overall service.

We designed a retrospective audit of the paper records of attendance kept by clerical staff from January until September 2019. The data was collected into an Excell spread sheet and analysed. The results were compared to the data collected from the colposcopy services for the same period.

Of the 871 ambulatory gynaecology appointments issued, 178 (20.4%) did not attend or cancel their appointment, there was no information recorded for 76 patients. Of the 606 colposcopy appointments, 89 (14.6%) did not attend or cancel their appointment. No documentation was missing for the colposcopy service.

There is a higher rate of DNA in the ambulatory gynaecology services. Introducing a text message reminder may decrease the rate of DNA and reduce our waiting list times.

160- POSTER (JOGS)

Correlation of absent/minimal liquor at ARM and mode of delivery

Claire O'Reilly, Catherine Finnegan, Michael Geary

Rotunda Hospital, Dublin, Ireland

Abstract

Artificial rupture of membranes (ARM) is used routinely to induce and augment labour. Volume of liquor along with colour and odour are recorded at the time of ARM as an indicator of fetal wellbeing. The volume of liquor at term ranges from 500-700mls. There is a paucity of data on this topic but the finding of absence of amniotic fluid in women with ruptured membranes is a predictor of increased fetal risk and obstetric intervention[1].

We sought to assess the relationship between absent amniotic fluid following ARM and mode of delivery.

A retrospective cohort study was conducted including all women undergoing induction of labour in which volume of amniotic fluid was described as absent or scant following ARM. Women were identified from an electronic database from 2009-2016 in a large tertiary referral centre. The mode of delivery (spontaneous vaginal, operative vaginal and caesarean section) and indication for induction was recorded.

A total of 473 women were included. 44% (n=210) of women had spontaneous vaginal deliveries, 27% (n=127) had operative vaginal deliveries and 29% (n= 136) underwent emergency caesarean delivery. Within this cohort the mean operative delivery (caesarean and instrumental) rate was 56%. In comparison the operative delivery rate among the general population remains constant at 47% ($p<0.001$).

Women with no or scant amniotic fluid at ARM are at increased risk of instrumental and caesarean delivery. Whether this is due to underlying pathology requires further research, but warrants close monitoring and senior input if fetal distress is suspected.

161- POSTER

DIFFERENCES BETWEEN HOW PREGNANT WOMEN AND THEIR FAMILY MEMBERS MAKE TRADEOFFS BETWEEN MATERNAL AND FEOTAL HEALTH DURING PATIENT-PREFERENCE STUDIES

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[1]The Royal College of Surgeons in Ireland, Dublin, Ireland. [2]Division of Maternal and Fetal Medicine, Department of Obstetrics & Gynaecology, Mount Sinai Hospital, University of Toronto, Toronto, Canada. [3]Western School of Medicine, London, Canada. [4]University of Toronto, Toronto, Canada

Abstract

Mothers desire to be involved in decision making concerning the health of themselves and their baby. However, few obstetric studies examining the maternal and familial decision making process have been conducted.

Our objective was to observe how pregnant women and family members made trade-offs between maternal and fetal health when interviewed independently and together, in patient-preference studies involving the mother-foetus dyad.

A cross sectional study on pregnant women and their family members was conducted at Mount Sinai Hospital, Toronto, Canada. Participants were presented individually, then in pairs, with 7 scenarios comprising a combination of maternal (perfect health or blood clot) and foetal (perfect health, minor or major congenital malformation or death) health states. Outcome preferences were evaluated using a rating scale and the standard gamble method. Comments made during all interviews were recorded and thematically analyzed.

32 pregnant women and 32 family members completed interviews. In general, preference values obtained through shared interviews were closer to the family member's than to those of the pregnant women. Common themes included guilt and helplessness around making trade-offs, compromised maternal parenting ability if affected by a clot and the child's quality of life vs. fetal death. Preference values assigned often did not reflect the comments made.

Pregnant women and family members find it challenging to make medical decisions involving trade-offs between maternal and fetal health. Shared preference values are closer to those of family members than pregnant women. There is discordance between preference values assigned and observed behavior while eliciting preferences.

162- ORAL & POSTER (JOGS)

THE INFLAMMATORY RESPONSE FOLLOWING HIPEC- A NOVEL THERAPEUTIC WINDOW

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Abstract

Introduction

HIPEC improves overall survival in patients with stage III epithelial ovarian cancer after neoadjuvant therapy compared to interval cytoreductive surgery (CRS) alone. The immediate impact of HIPEC on the systemic immune response has not been well characterised. We sought to document the impact of cisplatin-based HIPEC on the systemic immune response.

Methods

Longitudinal analysis of neutrophil to lymphocyte ratio (NLR) and monocyte to neutrophil ratio (MLR) results in 22 age and stage matched patients with stage IIIc EOC were examined. Flow cytometric analysis (FACs) was performed on intra-operative PBMCs before and after HIPEC in 3 patients. Independent sample t test and one way ANOVA was used to analyse results.

Results

9 patients had primary CRS, 8 had interval CRS+ cisplatin HPEC (50mg/m^2 at 40℃ for 60 min), and 5 had interval CRS with no HIPEC. All patients had aggressive CRS and an CC0 resection. The interval CRS (no HIPEC) group had a significantly lower day 1 NLR compared to interval CRS HIPEC group ($p=0.047$). The NLR of all groups was similar by day 4. The MLR in the three groups was similar at all time points. FACs of peripheral $CD3^+$ T Cells demonstrated HIPEC increased circulating $CD8^+$ T Cells and reduced expression of the immune checkpoint protein TIGIT ($p<0.05$).

Conclusion

Cisplatin-based HIPEC causes a rapid and short-lived change in the systemic immune response. Our initial findings that HIPEC alters the expression of immune checkpoint proteins on $CD8^+$ T cells suggests that further investigations of HIPEC and immunotherapy may be warranted.

163- POSTER (JOGS)

IMPROVING QUALITY OF DEBRIEFING POST DIFFICULT AND CHALLENGING DELIVERIES- A RETROSPECTIVE STUDY AT OUR LADY OF LOURDES HOSPITAL, DROGHEDA

Raksha Beethue, Sasikala Selvamani

Our lady of lourdes hospital, Drogheda, Ireland

Abstract

Birth trauma can easily convert into PTSD. This audit is chosen to improve quality and documentation of debriefing. Debriefing is an important process involving information sharing and event processing.[l] This audit is targeted to assess whether timely debriefing was done by the main operator post-delivery and to assess if proper documentation was done to overall improve patient care

164- POSTER (JOGS)

Case Report: Acute Fatty Liver of Pregnancy

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Abstract

AFLP is an Obstetric emergency characterized by hepatic dysfunction with micro-vesicular fatty infiltration of the liver. The enzyme LCHAD deficiency of the fetus is associated with AFLP of the mother. This is commonly a genetic mutation and is Autosomal recessive. Typically occurs in the late second – third trimester of pregnancy.

Symptoms maybe non specific. Patients can have hypertension and proteinuria. AFLP closely mimics HELLP / SEVERE PET. May co-exist.

Diagnosis is made clinically based on presentation and Laboratory findings. Typically has elevated transaminases, elevated bilirubin, Coagulopathy and hypoglycemia.

Management is prompt delivery and maternal support.

Women with AFLP and their infants should undergo molecular testing for LCHAD, at the least for the most common G1528C mutation, and additional testing of the other defects can be pursued if negative. AFLP can recur in subsequent pregnancies even if the testing is negative for the mutation.

Women who are contemplating future pregnancies should be co-managed with a maternal – fetal specialist.

Case 33 year old presented to WUH. Para 0+1, booked in at 12+ weeks.

Routine Antenatal check at 28+1 wks was normal except for U/A of + protein..

She presented to the LW following a call from the GP regarding abnormal bloods , developped AFLP and delivered the following day and underwent postnatal period in the icu , and will be discussed in the poster presentation .

165- POSTER (JOGS)

AN UNUSUAL CASE OF POSTPARTUM HEADACHE

Catherine O'Regan, Catherine Taafe, Irimia Iulia, Meabh NiBhuinneain

Mayo Univeristy Hospital, Castlebar, Ireland

Abstract

Posterior reversible encephalopathy syndrome (PRES) is a reversible neurological entity characterised by headaches, seizures, visual disturbance, impaired consciousness and other focal neurological symptoms. It is associated with MRI findings of hyper-intensity and oedema, mainly in the occipital and parietal lobes. We report a case of a 37-year-old woman who developed a severe occipital headache, slurred speech and hypertension nine days post-partum.

A 37-year-old woman, G5P4, with an unremarkable past medical and obstetric history was brought in by ambulance nine days post an uncomplicated spontaneous vaginal delivery. She had woken up with a severe occipital headache and subsequently developed slurred speech and photophobia. During her initial exam she was hypertensive and had brisk reflexes, all other systems were unremarkable. Pre-eclampsia was presumed and appropriate management and investigations ensued.

Given the severity of her neurological symptoms a CT brain was arranged. It showed low attenuation in the posterior right frontal lobe and in the bilateral occipital lobes. An MRI brain to assess further showed FLAIR high signal in the same areas of the brain. The findings were concerning for PRES secondary to a hypertensive episode.

The mainstay of treatment was blood pressure control and slow reduction of antihypertensives. Her symptoms slowly improved and was observed in the Intensive Care Unit for three days and eventually discharged eleven days post admission on oral maintenance of anti-hypertensives. A repeat MRI six weeks later showed completed resolution of the previously demonstrated parenchymal signal intensity. Follow up as an outpatient under the medical team is ongoing.

166- POSTER (JOGS)

GIANT MUCINOUS CYSTADENOMA IN A POSTMENOPAUSAL WOMAN : A CASE REPORT

Eimear Wall, Sasikala Selvamani

Our Lady of Lourdes Hospital, Drogheda, Ireland

Abstract

Ovarian cysts are a common finding in both pre-and post-menopausal women. Giant (>10cm) ovarian cysts are less well documented, but can lead to significant morbidity, as well as providing diagnostic and surgical challenges.

We report a case of a 60 year old postmenopausal woman who presented with lower abdominal discomfort and significant swelling over a 6 month period. CT scan demonstrated a large cystic mass arising from the pelvis measuring 22.8 x 25 x 16.2cm, with no nodularity or septations noted. CA125 was measured at 18 u/mL. She had previously had a total abdominal hysterectomy at age 40 for menorrhagia.

Her case was discussed at MDT meeting and the decision was made to proceed with laparotomy and excision of the giant ovarian cyst. Prior to the planned surgery date the patient presented to the emergency department with significantly increased abdominal girth and associated dyspnea over a week period.

Her surgery was expedited and she underwent laparotomy with bilateral salpingoopherectomy with omental biopsy and peritoneal washing. The cyst was partially aspirated intraoperatively to facilitate excision.

On histopathological examination, the cyst was confirmed as benign mucinous cystadenoma of the ovary with evidence of previous haemorrhage and no evidence of malignancy. A total of 7 litres of dark brown fluid was aspirated from the cyst.

The patient recovered well post operatively and her shortness of breath and abdominal pain resolved.

168- POSTER (JOGS)

TO INDUCE OR NOT TO INDUCE- A STUDY OF INDUCTION OUTCOMES IN OLOL HOSPITAL DROGHEDA

Ita Shanahan, Seosamh O Coigligh, Eimear Wall, Leasa Monaghan, Claire Shannon

OLOL Hospital, Drogheda, Ireland

Abstract

An induction of labour (IOL) carries an increased risk of Caesarean Section (CS), partly due to failed IOL (FIOL)[1]. Women should be appropriately counselled regarding probability of achieving labour following IOL. Induction outcomes of women with a Bishops Score (BS) ≤2, those requiring supplementary prostaglandins and gestational diabetics were investigated as these groups may show the greatest predictive value for FIOL.

A retrospective review of all inductions in OLOL Hospital, Drogheda between January- June 2018 (n=444) was undertaken using Maternity Information System data. Active labour was defined as fully effaced, cervical dilation ≥3cm with regular uterine contractions. FIOL was defined as delivery by CS at <3cm dilation, with documented indication being "failed induction".

59 women were gestational diabetics. 78% (n=46) delivered vaginally. The FIOL rate was 8% (n=5). 6 women required supplementary prostaglandins, of which 3 resulted in a CS for FIOL (50%).

BS prior to induction was documented in 204 women, 169 of which had a BS ≤2. 76% of these women (n=129) resulted in a vaginal delivery. The FIOL rate of 9% (n=15). Supplementary prostaglandin was required for 26 women, 10 of which resulted in a CS for FIOL (38.4%).

Additional prostaglandins were required for 38 women. 45% (n=17) delivered vaginally. The FIOL rate was 37% (n=14).

Supplementary prostaglandins are the strongest predictor of a FIOL. This is not seen in previous studies which suggests that cervical status carries the most predictive weight[2]. This data provides a strong basis for detailed antenatal counselling of women requiring induction.

169- POSTER (JOGS)

PYREXIA IN LABOUR: MANAGEMENT IN MRHM (midlands regional hospital Mullingar)

Shazia Babur, Noha Nogud, Nandini Ravikumar, Prof Michel Gannon, Prof sam Thomas, Majda Almshwt

Midlands Regional hospital Mullingar, Mullingar, Ireland

Abstract

Intrapartum fever can be due to an infectious or non infectious etiology and can lead to a variety of maternal and neonatal sequale.

This is retrospective audit. The inclusion criteria were there any patients with intrapartum pyrexia above 37.8, who would have delivered between January 2019 and June 2019.

RHM electronic data base was used and charts were reviewed. 37 patients were selected.

Study is being carried to see whether patients were managed according to local anti microbial guidelines & green top guideline of sepsis.

Aim to check whether blood cultures, msu, hvs, & other bloods were sent on time.Were the appropriate antibiotics given.How many patients were found to be septic

170- POSTER (JOGS)

ANTENATAL DIAGNOSES OF ECHOGENIC FETAL BOWEL AND NEONATAL OUTCOME

Ailbhe Duffy, Carmen Regan, Brendan McDonnell

Coombe Hospital, Dublin, Ireland

Abstract

Ultrasound detection of echogenic fetal bowel is associated with Cystic Fibrosis and chromosomal abnormalities such as Trisomy 21. All cases of echogenic fetal bowel diagnosed by fetal medicine consultants between 2014-2019 were examined. Data was obtained retrospectively from databases at the Coombe Hospital and cross referenced with neonatal outcome. 36 cases of echogenic bowel were identified during this time period. At diagnosis, the mean maternal age was 31.2 years and the mean gestational age was 23+4 weeks. Prenatal testing for Cystic Fibrosis and aneuploidy was offered to all patients and their partners. TORCH screening was carried out on 13 patients and all results were normal. Non-invasive prenatal testing was low risk for the 9 patients who opted for it. Amniocentesis was performed on 5 patients. One microarray was positive for CF while the others were normal. CF screening identified two couples where both were carriers, and one of these babies received a diagnosis of CF in the neonatal period. A baby with bowel atresia and a VSD on ultrasound was found to have duodenal atresia as a neonate. Three babies were small for gestational age on antenatal ultrasound and one was classed as intrauterine growth restriction. All 4 of these babies had a normal neonatal outcome. 33 of the 36 cases of echogenic bowel diagnosed antenatally had a normal neonatal outcome. This information is important in counselling patients, as echogenic bowel is a relatively common abnormality.

171- POSTER (JOGS)

COUNSELLING OF POSTNATAL PATIENTS ABOUT POSTNATAL DEPRESSION (PND), PRIOR TO HOSPITAL DISCHARGE.

Olufemi Awojoodu, Oladayo Oduola, Workineh Tadesse

Coombe University Hospital for women and infant, Dublin, Ireland

Abstract

Abstract

Postnatal depression (PND) is a depressive illness occurring in the first postnatal year. It affects one in eight women. Variation occurs in relation to culture and depravation.

In a significant proportion of women, onset of PND may have been in the antenatal period.

Aim

We aimed to establish if women are counselled about PND prior to discharge in the Coombe Hospital.

Method

50 charts of postpartum patients were selected and checked to see if any form of advice/counselling on PND was given and documented.

Result

We found that in only two patients (4%) was there full documentation of any form of advice on PND.

Conclusions

Women in the postpartum state are delicate and need to be given appropriate screening and advice on when/where to seek help if they experience difficulties with depression. We have an obligation to our women to provide the best care and refer them when they need specialised care.

172- POSTER (JOGS)

CAESAREAN SECTION SCAR ENDOMETRIOSIS: A CASE REPORT AND LITERATURE REVIEW

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Department of Gynecological Oncology, St James's Hospital, Dublin, Ireland

Abstract

Scar endometriosis (**SE**) is the presence of functioning endometrial glands/stroma at surgical incision sites. It is said to be rare, however there is an increase of case reports in literature. We highlight this case of a successful outcome in identification and removal of a **SE** with a systematic review of the current literature.

We present the case a 44 year old para 1 lady who presented to our outpatient clinic with 24 year history of chronic cyclical abdominal wall pain since her caesarean section in 1995. She was investigated in Cyprus in 1998 with scans and a laparotomy with no cause identified. On abdominal exam a tender mass was palpable behind her caesarean section scar.

MRI abdominal wall suggested a 3.6cm enhancing mass in the left rectus muscle with haemorrhagic material likely endometrial implants and a 3.8 cm intramural uterine fibroid. Pelvic ultrasound showed a uterine fibroid.

We performed an explorative laparotomy, diagnostic laparoscopy and excision of abdominal wall tumour .The abdominal tumour excised (5x5cm) was located below the rectus sheath and looked consistent with an endometriosis deposit. Histopathology confirmed tissue representing endometriosis. The patient's procedure and recovery was uncomplicated. She was reviewed in clinic a month later with reports of being pain free.

Literature review shows **SE** more frequently reported. This may be due to an increase in caesarean sections/ abdominal surgery and access to imaging modalities worldwide. Diagnosis is still proven to be achieved with detailed history, physical examination and use of imaging.

173- POSTER (JOGS)

OPTIMISING MANAGEMENT OF MENORRHAGIA

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[1]St Johns Hospital, Limerick, Ireland. [2]Wexford General Hospital, Wexford, Ireland

Abstract

A vast majority of patients seen in gynaecology outpatients are seen for abnormal vaginal bleeding patterns , 1 in 20 women suffer from the same at any given time and lot of them would have exhausted the medical means of management and would be looking for minimally invasive procedures and Endometrial Ablation is an effective tool in managing these women with lesser morbidity than Hysterectomy.

We aimed to find out the success and complications rate of the same so we could know if it is feasible to offer the procedure to more women.

We studied women who underwent Endometrial Ablation (Thermoblate EAS™)in St Johns Hospital Limerick for the calendar year 2017 and looked at the in theatre complications and post op returning to Limerick Regional ED. We also followed them at the 3 months follow up for short term success rates.

There were total 33 women who had the procedure in year 2017 and of which one patient returned with minor complication to the ED , none with major complications. The short term success rate was 100% The literature review showed more than 90% success rate for women above 45 yrs and overall rate of 80%.

The data although small helps in deciding the nature of treatments offered to women with menorrhagia and stopping the endless cycles to clinic (cutting the waiting lists) and preventing hysterectomies.

174- ORAL & POSTER (IPNS)

Trends in obstetric management of extreme preterm birth at 23 to 27 Weeks' gestation: a 10 year review

Irum Farooq, Sarah Milne, Niamh Garry, Carmen Regan

Coombe Women and Infants University Hospital, Dublin, Ireland

Abstract

Objectives: To evaluate maternal and perinatal outcomes delivered from 23+0 to 26+6 weeks gestation in a tertiary hospital.

Methods: This retrospective cohort study included women who delivered over a 10 year period in CWIUH from 01/01/2007 to 31/12/2017. Maternal outcomes included Caesarean section, admission to High Dependency Unit, and serious morbidity. Perinatal outcomes were mortality and short-term serious morbidity.

Results: A total of 342 women and 402 infants were included in the study. 36% of women were delivered by Caesarean section and of these 11.20% had a classical caesarean section. The leading indications for delivery were preterm premature ruptured membranes (PPROM, 28 %) severe pre-eclampsia (8.5%) and placental abruption (5%).In total 337 infants were admitted to the NICU. Of all infants with known outcomes (N = 402), 16.1% were stillbirth and 18.65% had neonatal death. The survival to discharge from NICU rate was 77.74%. We compared delivery trends in the first five years (2008-2012) with the latter five years (2013-2017). The overall rate of vaginal delivery declined in the later years of the study (46% vs 30%) with a corresponding increase in the caesarean section rate.The stillbirth rate appeared to trend downward (21 vs 16%) however the survival to discharge rates remained similar in both time periods (85 vs 83%).

Conclusion: Changing trends in obstetric practice were noted over the 10 year period. An increase in caesarean section rates and a lower stillbirth rate may reflect earlier intervention at borderline viability. Neonatal Survival to discharge rates remained similar over time.

175- POSTER (JOGS)

A CASE OF ADULT GRANULOSA CELL TUMOUR IN 71 YEAS OLD POST MENPAUSAL WOMAN

Fathia sulieman, Majda Almshwt, sam Thomas, Niamh Grayson

mrhr, co westmeath, Ireland

Abstract

Abstract

Granulosa–stromal Cell Tumors granulosa and theca cell tumors, and fibromas. They account for the majority of SCST. **T**hey occur about as frequently in women in the reproductive age group as they do in women who are postmenopausal**,** with a peak incidence in perimenopausal women between ages 50 and 54 years. Only about 5% of granulosa cell tumors occur before puberty comprise of 2 to 5 percent of all ovarian malignancies . Most granulosa and theca cells produce estrogen, but a few are androgenic. Typically they present as large pelvic masses, and symptoms of hyperestrogenism. They are indolent slow growing tumours, and majority present at an early, surgically resectable stage. They therefore tend to have good survival rates.

Here we discuss a case of a 71 year old woman who presented to the emergency department with sudden onset paraumbilical pain, associated with nausea and vomiting. CT abdomen pelvis showed an almost entirely solid pelvic mass on the left hand side. Diagnostic laparotomy revealed a large left ovarian solid mass with a large hemoperitoneum. The mass was resected, and the hemoperitoneum drained with estimated blood loss 4.5 litres. Histology revealed a granulosa cell tumour adult type with extensive haemorrhagic infarct. Completion surgery was carried out three months later, and no residual disease was identified. It was decided against adjuvant chemotherapy, and plan is for close follow up and treatment if needed.

176- POSTER (JOGS)

ATYPICAL INTRAPARTUM ECLAMPSIA: A CASE REPORT

Narjes Fhelelboom, MAJDA ALMSHWT, SAM THOMAS, MICHAEL GANNON

MRHM, CO WESTMEATH, Ireland

Abstract

Historically, preeclampsia (hypertension and proteinuria) and eclampsia were believed to develop after 20 weeks up to 48 hours of delivery. Recent evidence suggest that some women may develop preeclampsia-eclampsia, in the absence of hypertension or proteinuria, and/or outside the time period. In this report we present a case with intrapartum eclampsia in the absence of hypertension and proteinuria. Problems with atypical forms of eclampsia lie in its unpredictable onset.

In this report we present a case with intrapartum eclampsia in the absence of hypertension and proteinuria. Problems with atypical forms of eclampsia lie in its unpredictable onset. Timely diagnosis and management are critical to avoid serious complications. The purpose of this report is to maintain a high level of suspicion, and be ready to take immediate steps in case of atypical forms of preeclampsia-eclampsia.

Historically, preeclampsia (hypertension and proteinuria) and eclampsia were believed to develop after 20 weeks up to 48 hours of delivery. Recent evidence suggest that some women may develop preeclampsia-eclampsia, in the absence of hypertension or proteinuria, and/or outside the time period

magnesium sulphate regimen was commenced after the first fit for the prevention and treatment of eclampsia no further fits after. Labetalol (antihypertensive medication) was commenced postpartum to control the BP and patient was seen 6 weeks in GPOD asymptomatic with well controlled BP

broadening the spectrum of the definition of preeclampsia, in addition of detailed patient history, physical examination, laboratory studies and timely diagnosing and management may be critical to avoid misdiagnosing atypical

177- POSTER (JOGS)

AN AUDIT OF MEDICAL MANAGEMENT OF ECTOPIC PREGNANCY AT CORK UNIVERSITY MATERNITY HOSPITAL

Anna Durand O Connor, Aenne Helps

Cork University Maternity Hospital, Cork, Ireland

Abstract

Systemic methotrexate at a dose of 50mg/m^2 has been shown to be as effective as surgical management in some cases of tubal pregnancy[1]. The NICE guideline 126 (Ectopic pregnancy and miscarriage:diagnosis and initial management) recommends the use of methotrexate in women with an ectopic pregnancy, with no significant pain, measuring less than 35mm, with no fetal cardiac activity, and a serum HCG <1500iu/l, though may be used in serum HCG up to 5000iu/l.

We conducted a retrospective review of cases of ectopic pregnancy managed with methotrexate at Cork University Maternity Hospital between March 2018 and September 2019.

In total 21 patients received methotrexate for treatment of ectopic pregnancy. The age of these patients ranged from 24 to 43, with a mean of 33 years. Gestational age was 4-9 weeks. There were 2 caesarean section scar ectopics identified. Ultrasound findings were of gestational sacs ranging in size from 0.7-2.3cm. One of the scar ectopics had a CRL of 2.4cm with fetal cardiac activity present. HCG level at treatment ranged from 96-2434iu/l, though both scar ectopics had HCG>15000iu/l. The dose of methotrexate ranged from 82-123mg. 38% of our group required further treatment, with both scar ectopics undergoing ERPC electively following administration of methotrexate. Of note 38% of this group attended the ER with abdominal pain following methotrexate.

This study shows that the NICE guidelines are being adhered to in our unit. Interestingly, 2 of our cohort had CS scar ectopic pregnancies, managed successful with systemic methotrexate followed by ERPC.

178- POSTER (JOGS)

POSTPARTUM ACUTE KIDNEY INJURY: CASE SERIES AND LITERATURE REVIEW

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Abstract

Acute kidney injury is infrequently seen by obstetricians. It is diagnosed based on a rapid deterioration in renal function, characterized by increased serum creatinine and urea, impaired electrolyte balance, and decreased urinary output. Pre-eclampsia/eclampsia is the most common cause of AKI during pregnancy and puerperium. The outcomes of pre-eclampsia-related AKI is good, however if poorly managed has significant associated morbidity.

We report two cases of postpartum AKI that presented to the Midland Regional Hospital Mullingar (MRHM) in the space of a week. A 32 year old female who developed an AKI two days post lower segent cesarean section (LSCS) of dichorionic diamniotic twins at term. The second discussed was that of a 41 year old $G5P0^{+4}$ with pre-eclampsia who delivered via LSCS at 39+2 weeks.

Management was conservative in both cases with a combination of strict fluid monitoring, antihypertensives, and antibiotics in one case.

Maternal outcomes in both cases were good. Treatment must be tailored to the most likely cause of AKI but is largely supportive in nature.

179- POSTER (JOGS)

ENDOMETRIAL COMPACTION (DECREASED THICKNESS) IN RESPONSE TO PROGESTERONE RESULTS IN HIGHER ONGOING PREGNANCY RATE IN NATURAL AND MODIFIED NATURAL FET CYCLES

Eran Zilberberg[1,2], Ramsey Smith[2,3], Laura Jabbour[2,3], James Meriano[2], Jigal Haas[2,4], Eran Barzilay[5], Robert F. Casper[1,2]

[1]University of Toronto, Toronto, Canada. [2]TRIO Fertility, Toronto, Canada. [3]Royal College of Surgeon Ireland, Dublin, Ireland. [4]Sheba Medical Center, Ramat Gan, Israel. [5]Assuta Medical Center, Ashdod, Israel

Abstract

The objective of this study was to follow-up to this group's prior manuscript on endometrial compaction and evaluate whether there is a correlation between ongoing pregnancy rates and a change in endometrial thickness from the hormonal trigger or natural LH surge to embryo transfer in natural and modified natural in frozen embryo transfer cycles.

This purpose of the study was to investigate if the previously shown a significant increase in ongoing pregnancy rates if the endometrium became thinner (compacted) during the progesterone phase of frozen embryo transfer was also valid in natural cycles.

This was a single centre, retrospective observational cohort study reviewing the ultrasound electronic images from 154 natural & modified natural embryo transfer cycles.

The difference in endometrial thickness between trigger/natural LH surge and embryo transfer and the ongoing pregnancy rate. We calculated the pregnancy rates in patients whose endometrium compacted (decreased in thickness) between trigger day and embryo transfer by 10% or more versus those whose endometrium either did not compact by 10% or increased in thickness (no compaction).

The ongoing pregnancy rate in those whose endometrium compacted by 10% or more was higher than those whose endometrium did not compact (42.6% and 24.7% respectively, $p<0.02$), which is consistent with previous studies of endometrial compaction with a different cohort of hormonally prepared FET cycles.

Endometrial compaction of at least 10% in natural or modified natural FET cycles is associated with increased ongoing pregnancy rates

180- POSTER (JOGS)

INDUCTION OF LABOUR OUTCOMES AND BODY MASS INDEX

Corina Oprescu, Clare Greany, Geraldine Gaffney

University Hospital Galway, Galway, Ireland

Abstract

Obesity during pregnancy is a risk factor for multiple complications, including gestational diabetes, hypertension, venous thromboembolism, as well as an increased risk of Caesarean section.[1] In this study, our aim was to assess whether women with normal, overweight, and obese BMI with singleton pregnancies undergoing induction of labour had different outcomes. We also aim to assess whether parity and gestational age affected the outcomes.

A retrospective cohort study was carried out using data from University Hospital Galway between 01/01/2019 and 31/08/2019. The following information was available for each delivery: delivery date, BMI, maternal age, parity, gestational age at delivery, type of delivery, induction method, primary reason for induction, shoulder dystocia, birth weight, and relevant antenatal complications.

A total of 465 women with singleton pregnancies underwent induction of labour in the above mentioned time period, with a BMI range of 17-54 kg/m^2. 171 (36.99%) of women had a normal BMI of 18-24. 176 (37.85%) of women had a BMI of 25-29 kg/m^2, and 117 (25.16%) had a BMI classified as obese (over 30 kg/m^2). Emergency C-section rates were highest in the obese category, with obese nulliparous women having the highest rate among all groups (53.45%). Interestingly, nulliparous obese women who were induced after a gestational age of term of 41 weeks had lower CS rates than those induced earlier, which contradicts recent studies.[2]

181- ORAL & POSTER (ISGO)

MORBIDITY IN ADVANCED OVARIAN CANCER PATIENTS FOLLOWING CYTOREDUCTIVE SURGERY: IRISH OUTCOMES IN A SINGLE CENTRE

Karen Mulligan, Yvonne O'Brien, Helena Bartels, Fionan Donoghue, Bill Boyd, Tom Walsh, Ruaidhri Mc Vey, Donal Brennan

Department of Gynaecological Oncology, UCD School of Medicine, Mater Misericordiae University Hospital, Dublin, Ireland

Abstract

Primary CRS is performed in cases where complete macroscopic resection is likely to be achieved. Interval CRS is performed following neoadjuvant chemotherapy. In recent meta-analyses overall major morbidity for cytoreductive surgery was found to be 15%. Morbidity for primary (PCS) and interval cytoreductive surgery following neoadjuvant chemotherapy (ICS) was 21% and 8.8% respectively.

Prospective audit of patients treated for advanced ovarian cancer in a larger tertiary referral centre in Ireland. Peri and post-operative complications were collected prospectively and submitted to a monthly surgical audit. Complications were graded according to the Clavien dindo classification system.

Analysis of 95 cases showed an overall morbidity rate for primary and interval cytoreductive surgery of 30.7% (clavien dindo >2). Overall morbidity for PCRS and NACT CRS was 36.2% and 21% respectively. The common grade 2 complication was wound dehiscence at 13.7%.

Major morbidity for both primary and interval cytoreductive surgery (clavien dindo >2) was 15.7%. PCS major morbidity was 20% and ICS 8.1%. Major complications in both groups included haemothorax, pancreatic leak, pleural effusion and ureteric injury requiring stenting.

Complete macroscopic resection rate was 49% in 2017 and 74% in 2018.

We have shown that outcomes in a single Irish centre, following primary and interval cytoreductive surgery for advanced Ovarian cancer, are comparable to strongest current evidence with overall major morbidity at 15.7%. Furthermore an increase in complete macroscopic resection has not resulted in increased morbidity.

182- POSTER (JOGS)

OVARIAN HYPERSTIMULATION: SIMULTANEOUS CLINCAL SCENARIOS

Jenny Stokes, Teresa Treacy, Minna Geisler

Cork University Maternity Hospital, Cork, Ireland

Abstract

Ovarian Hyperstimulation is an iatrogenic systemic response resulting from assisted reproduction.[1] Exposure of ovaries to human chorionic gonadotrophin or luteinising hormone following controlled ovarian stimulation by follicle stimulating hormone underlies most OHSS.[2]

Pathophysiologically, increased capillary permeability results in fluid accumulation and intravascular dehydration. This leads to electrolyte imbalance, hypoalbuminaemia, haemoconcentration, inadequate renal perfusion, ascites, pleural and pericardial effusions.[1]

The incidence in Ireland is 0.8%.[1] Worldwide mild OHSS affects one third of IVF cycles whilst the incidence of moderate and severe OHSS varies from 3- 8%.[2]

Risk factors include Polycystic Ovarian Syndrome, age under 30, elevated baseline AMH, increased ovarian volume, low body mass index, rapidly rising or high oestradiol levels.

Clinical classification is mild, moderate and severe. Management is supportive and hospital admission is reserved for severe cases. Gradual resolution occurs over 14 days.[1]

We present two simultaneous cases of severe OHSS. A 35 year old P0 presented following embryo transfer 8 days prior with chest pain and shortness of breath. Chest x-ray showed left sided pleural effusion requiring a chest drain. The mainstay of treatment was supportive as well as thromboprophylaxis. A 39 year old P0 presented 9 days post embryo transfer with abdominal bloating, pain, hyponatremia and hypoalbuminaemia. Transabdominal ultrasound revealed enlarged ovaries and free fluid. An ascitic drain was sited. Hypoalbuminaemia was monitored and did not require albumin transfusion. Management involved fluid balance, thromboprophylaxis and removal of ascitic drain on day 12.

These relatively rare cases highlight the need for ongoing education and understanding of OHSS management.

183- POSTER (JOGS)

An audit of the postmenopausal bleeding clinic in CUMH to determine the incidence of endometrial pathology with an endometrial thickness between 3 and 4mm.

Teresa Treacy, Jennifer Stokes, Cathy Burke

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Abstract

Postmenopausal bleeding (PMB) is the most common reason for referral to rapid access gynaecology clinics. Transvaginal ultrasound to determine the endometrial thickness (ET) is useful for 'triaging' women presenting with PMB to determine who requires further tests and who can be reassured. The RCPI National Clinical Guideline states the probability of endometrial pathology is strongly reduced in the presence of an ET≤3mm. In other international guidelines 4mm is used as the threshold to define abnormal endometrial thickening. The incidence of endometrial pathology with ET between 3 and 4mm in our cohort may be so low that the cut off for further endometrial assessment could be changed to >4mm.

If this audit were to determine that the cohort investigated for PMB with an ET≤4mm had a very low risk of endometrial pathology it may serve to reduce attendances in PMB GOPD and subsequent waiting times, reduce invasive testing and provide more resource for high risk patients.

This was a retrospective review of PMB clinic attendances

100 cases were reviewed.

7 hysteroscopies out of 100 were performed for PMB with an ET ≥3mm/<4mm; none of which resulted in an abnormal histological diagnosis. 4 cases had benign histology, 1 did not have a biopsy and 2 biopsies did not have any representative endometrial tissue for histological analysis. This is a small sample size – results from a larger cohort will be presented in poster format.

A larger dataset is required to further assess.

185- POSTER (JOGS)

Cyclical haemoptysis; A gynaecological issue?

Nabeehah Moollan, Eamon Mullen, Peter Branagan

Beaumont hospital, Dublin, Ireland

Abstract

A 26 year-old para two female presented to ED in April 2019, following an episode of haemoptysis, approximately one egg -up, with streaky blood for few hours after. This was associated with right sided pleuritic chest pain, constant for preceding three days. It was noted to be occurring on day three of menstrual cycle with chest pain commencing on day one. The haemoptysis settled and she was discharged home. Further episodes occurred in the same nature, every month for the next five months. She described a regular menstrual cycle with pain and heavy menstruation first two days with a history of mid-cycle pain, without any intermenstrual bleeding, dyspareunia, pelvic pain or history of fertility issues. Initial CTPA was negative for a pulmonary embolus, and showed patchy ground glass changes within the superior segment of the right lower lobe, reported as likely infectious or inflammatory. Inflammatory markers, coagulation screen and vasculitic screen were normal. Bronchoscopy showed old blood with no fresh bleeding or malignant cells on cytology. Due to the cyclical nature of the symptoms and lack of evidence for other common causes of haemoptysis, catamenial haemoptysis secondary to thoracic endometriosis was suspected. A mid-cycle CT thorax showed resolution of the patchy ground glass changes. A gynaecology review was requested and a pelvic ultrasound was performed which was normal. A gonadotropin releasing hormone agonist, decapeptyl, was recommended as treatment of her catamenial haemoptysis, and her progress is being monitored in clinic.

186- POSTER (JOGS)

POST OPERATIVE WOUND INFECTION RATE IN GYNAE ONCOLOGY PATIENTS

Emma Kearns[1,2], Kate Glennon[2], Marguerite O'Brien[2], Fionan Donohoe[2], Jennifer Pontre[2], Ruaidhri McVey[2], Donal Brennan[2]

[1]University Collge Dublin, Dublin, Ireland. [2]Mater Misericordiae University Hospital, Dublin, Ireland

Abstract

Post-operative wound infection is a major cause of morbidity following gynae-oncological cancer surgery.

The purpose of this study was to identify patients who develop surgical site infections (SSIs) and compare the incidence rates in our centre against those in a national multicenter audit in the UK[1].

Data was collected prospectively, including age, type of incision, BMI and length of hospital stay (LOS). The patients diagnosed with an SSI during their postoperative course and the antimicrobial treatment prescribed was documented. Their SSI was graded based on the Clavien-Dindo classification.

In a 3-month period, 81 patients underwent surgery. There were 35 midline incisions, 3 transverse/pfannesteil and 36 laparoscopic incisions. Seven vulval incisions were considered separately. Mean age at time of surgery was 55 and BMI was 30.2. Average LOS was 4 nights. Three patients were diagnosed with an SSI, two with laparoscopic incisions (one grade 3 and one grade 2) and one midline (grade 2). LOS for these cases were 20, 4 and 15, respectively.

Surgery remains the mainstay of treatment and despite an increase in the use of minimally invasive techniques, a large proportion of patients still require laparotomy. This can lead to delays in discharge and commencing adjuvant treatment. Our average patient was obese with a BMI of 30.2 (range 17–64). This combined with long operative procedures places these patients at increased risk.

Further research into the direct and indirect effects of SSIs on the gynaecological oncology population and the additional interventions that could reduce SSIs is required.

188- POSTER (JOGS)

CLOSING THE GAP- A COMPARISON OF GROWTH ASSESSMENT PROTOCOL (GAP) CUSTOMISED BIRTH CENTILES AGAINST WHO BIRTH CENTILES

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OLOL Hospital, Drogheda, Ireland

Abstract

Fetal Growth Restriction is associated with stillbirth, neonatal death and perinatal morbidity. The Growth Assessment Protocol (GAP) was introduced in OLOL Hospital, Drogheda to improve antenatal detection of small for gestational age (SGA) babies. GAP involves assessment of fetal growth by customised growth and birth centiles, as opposed to population-based centiles such as WHO centiles.

To determine which centiles are more accurate at detecting babies which display both behavioural and placental pathology suggestive of IUGR, a retrospective chart review of all babies born between June-November 2018 was undertaken (n=1031). 138 SGA babies (13.3%) measuring <10th centile on either WHO or GAP were investigated in terms of placental pathology and neonatal condition including hypothermia, hypoglycaemia and NICU admission (excluding prematurity as sole admission criteria). The performance of both types of birth centile were compared regarding their correlation with clinical growth restriction and pathology results.

138 babies had placental histology and paediatric data available for comparison. 59 were defined as SGA by both GAP and WHO (42.7%). 32 babies were defined as SGA by WHO centile and above 10th centile by GAP (23.1%). 47 were defined as SGA by GAP only (34.0%).

Of these babies, 46 (33.3%) expressed either placental or behavioural pathology. 20 (43.5%) were detected antenatally on both centiles. 8 (17.4%) were detected by WHO centiles only and 14 (30.4%) were detected by GAP centiles only.

In conclusion, GAP appears to detect a higher proportion of IUGR babies based on placental pathology and neonatal behaviour according to preliminary results.

189- POSTER (JOGS)

Re-audit of Timeframe of Actioning Abnormal Results in the Outpatient Department of Coombe Women and Children's University Hospital

Gary Faughnan[1], Oksana Hughes[1,2], Orla Cunningham[1], Michael O'Connell[1]

[1]CWIUH, Dublin, Ireland. [2]

Abstract

The aim of this audit is to ascertain whether the recommendations from the 2018 audit were implemented and an improvement in actioning of abnormal lab results was evident.

A retrospective review of all abnormal high vaginal swabs (HVS) and mid-stream urine (MSU) cultures for the month of April 2019, was undertaken. We looked at the amount of time it took for the results to be signed off and if appropriate treatment was provided.

A total of 160 positive results from April 2019 were reviewed. We noted an improvement in the proportion of results that were both signed and dated at 81% (n=129) vs 40.2%. We found that 25% (n=17) of MSU results were managed appropriately within 24 hours which is in keeping with the recommended standards, however, management of HVS results did not meet the criteria, 78% (n=71) were managed appropriately. Similarly to previous report 34% of results did not have appropriate documentation in the patients records. The mean time to sign-off of the results was the same, with the highest proportion of results being signed-off between 72 hours and one week after authorization by the laboratory, accounting for 27%(n=43) of the results.

Our re-audit and completion of the audit cycle demonstrates that despite new strategies to improve our time-frame for actioning abnormal results we continue to fail to meet the recommendation that results should be signed off within 24 hours. This may represent a need to encourage the implementation of electronic sign-off as a priority.

190- POSTER (JOGS)

Dr Google-3 years on

Sarah Milne, Grace Madigan, Nicholas Kruseman Aretz, Patrick Maguire

St James's Hospital, Dublin, Ireland

Abstract

Patients are increasingly turning to the internet as their primary source of medical information. It is difficult for the lay-reader to discern reliable from unreliable information. As clinicians, it is important to appreciate the diversity of information available and the difficulty our patients face navigating it.

We sought to reassess the top ten results relating to cervical screening and colposcopy from a popular search engine following recent media coverage of the national screening program.

The search terms 'smear test', 'abnormal smear test', 'colposcopy', 'CIN I, II and III', 'cervical cancer' were entered into Google.ie search engine in September 2019. The top ten results for each search were recorded. Web pages published by the health service, or charitable organisations, were deemed 'approved' while others, including the collaborative website Wikipedia, were deemed 'unapproved'.

When smear test, abnormal smear, colposcopy, cervical cancer and CIN were searched, all of the first 10 pages were approved. 8 of the CIN and 9 of the CIN III were approved.

There is a mixture of expert and anecdotal information readily available for women on the internet. Although there has been an increase in media reporting surrounding cervical smears over the last 3 years, the top 10 search results were, for the most part, from reliable resources with medically based information.

191- POSTER (JOGS)

INCOMPLETE UTERINE RUPTURE - DO WE CARE TO COUNT? A CASE REPORT

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Abstract

Ms J, a 36 year old para 1 female, with one previous caesarean section, was found to have a large incomplete uterine rupture at elective caesarean section at term. The rate of incomplete uterine rupture is unknown.

Ms. J had an emergency caesarean section sixteen months previously, and this pregnancy was uncomplicated. At elective caesarean section at 38+4 weeks gestation, a large incomplete uterine rupture, measuring approximately 6x4cm, with bulging membranes, was revealed when the lower uterine segment was exposed.

A transverse incision was made superior to the defect, and a standard two-layer closure achieved haemostasis with minimal blood loss estimated at 300ml. A healthy male baby was delivered with normal APGAR scores.

Incomplete uterine rupture, otherwise known as uterine scar dehiscence, is usually an asymptomatic finding at repeat caesarean section. While the incidence of complete uterine rupture is quoted as 0.2-1%, the rate of dehiscence is unknown, as it is often unreported.

This patient would have been at high risk of complete uterine rupture had she opted for a trial of VBAC (vaginal birth after caesarean). The incidence of dehiscence is unknown, and this epidemiological data would be useful to aid in decision making for VBAC, as well as aid analysis of the outcomes of surgical technique. We recommend that the presence of dehiscence seen at caesarean section be documented in the surgical note, or its inclusion in a proforma style post-op note.

192- ORAL & POSTER (JOGS)

A Prospective Cohort Study of the Conservative Management of Focal Cervical Intraepithelial Neoplasia 2 over a Two Year Period

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Abstract

Background: Cervical intraepithelial neoplasia (CIN) is a premalignant disease of the cervix. CIN 2 is traditionally treated with a large loop excision of the transformation zone (LLETZ). However, recent evidence suggests that conservative management may be sufficient in low risk women.

Purpose of the study: This prospective cohort study was designed to try to assess the rate of regression, progression and persistence of focal CIN 2 in women who were managed conservatively. We also attempted to measure the number of LLETZ treatments that were avoided in this cohort, thereby potentially avoiding the complications of LLETZ.

Study design and methods: We included women who in colposcopy clinic who were no more than 30 years of age, had a confirmed histological diagnosis of either focal CIN 2 or CIN 2 occupying less than 50% of the cervical biopsy and were deemed suitable for conservative management after discussion at the colposcopy multi-disciplinary meeting. Women were seen at six monthly intervals for a colposcopy examination, cervical biopsy and/or cervical smear and were followed for a total of two years.

Findings: Thirty-one women met inclusion criteria and were included in the study. Of these women, 20/31 (64.5%) had regression of disease, 7/31 (22.6%) had persistence of CIN 2 and 4/31 (12.9%) had progression of disease. Only eleven women (35.5%) had a LLETZ done.

Conclusion: Conservative management may be considered in women who are less than 30 with focal CIN 2 who are compliant with follow-up. This may avoid unnecessary LLETZ procedures being carried out.

193- POSTER (JOGS)

Asprin for pre eclampsia prevention : ARE WE MEETING THE STANDARDS??

nina peters, karim botros

midland regional hospital, mullingar, Ireland

Abstract

Asprin for pre eclampsia prevention : ARE WE MEETING THE STANDARDS??

N.Peters ,K.Botros , ,

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Department of Obstetrics and Gynaecology, Midland Regional Hospital Mullingar

Background ,Pre-eclampsia is a condition which affects 3–5% of pregnancies and accounts for more than 50,000 maternal deaths annually worldwide. It is associated with complications including stroke, eclampsia, multiple-organ failure, fetal growth restriction, intrauterine death and preterm labour., The condition is characterised by a combination of raised blood pressure (hypertension) and protein in the urine.

Low dose aspirin commenced prior to 16 weeks of gestation has been demonstrated to have a statistically significant effect in the prevention of pre-eclampsia

In the presence of one major or more than one moderate risk factor, commencement of low dose aspirin (75- 150 mg OD) from 12 weeks gestation up until delivery is recommended

Comparing actual practice against evidence-based standards allows to objectively evaluate adherence to the recommended management framework and if indicated suggestions on how to improve compliance and hence patient care can be made.Patients in MRHM assessed during booking clinic for risk factors for PET ,

Patients charts were examined and a descriptive retrospective clinical audit utilizing data collection sheets based on recommendations from the Royal College of Obstetricians and Gynaecologists (RCOG) were completed.

And results of the audit will be published as poster presentation .

194- POSTER (IGES)

THE ROLE OF AMBULATORY GYNAECOLOGY IN THE DIAGNOSIS OF ENDOMETRIAL CANCER, A CROSS-SECTIONAL STUDY

I Uzochukwu, R Alkhalil, K Elmahi

Mayo University Hospital, Castlebar, Ireland

Abstract

Endometrial cancer is the commonest gynaecological malignancy in the western world and endometrial hyperplasia is the precursor. The typical presentation is abnormal uterine bleeding. The Ambulatory Gynaecology clinic offers assessment, treatment and discharge of women on the same day in an outpatient setting. This 'one stop' approach provides a safe, convenient and cost - effective means of assessment of abnormal uterine bleeding.

The aim of this study was to assess the diagnostic outcome of women who attended the Ambulatory Gynaecology clinic with abnormal uterine bleeding over a 1 year period.

A cross-sectional review of the medical records of women who attended the Ambulatory Gynaecology clinic with abnormal uterine bleeding from 1st September, 2018 to 1st September, 2019 was carried out.

Over the 1 year period, 3232 women were seen in the Ambulatory Gynaecology clinic. The age ranged from 18 to 65 years. Most women were over age 45 years. 1247 women had outpatient hysteroscopy. 712 women had endometrial biopsy. 104 women were diagnosed with endometrial hyperplasia and 18 women had endometrial cancer.

In conclusion, the Ambulatory Gynaecology clinic serves a crucial role in the diagnosis of endometrial cancer and its precursor, endometrial hyperplasia. This approach of integrated care should be recommended as a standard approach for assessment of women with abnormal uterine bleeding.

195- POSTER (JOGS)

AUDIT ON THE INCIDENCE, RISK FACTORS AND MANAGEMENT OF OBSTETRIC ANAL SPHINCTER INJURY (OASI) AT MIDLAND REGIONAL HOSPITAL PORTLAOISE (MRHP) OVER A 12 MONTH PERIOD.

Lorna Smith, Anabela Serranito, Joan Lennon

Midlands Regional Hospital Portlaoise, Laois, Ireland

Abstract

Obstetric Anal Sphincter Injuries (OASI) includes third and fourth degree perineal tears, it occurs in approximately 2-3% of vaginal births in Ireland. Knowledge of risk factors and early identification of such injuries with immediate management and appropriate follow-up are needed to prevent adverse outcomes.

Aim of study is to establish the rate of OASI in MRHP and determine associated risk factors. To investigate if documentation regarding recognition, intervention and follow-up care was appropriate.

Medical records of patients over a one year period were retrospectively reviewed in MRHP. Data was collected on antenatal and intrapartum risk factors including: parity, mode of delivery, episiotomy, birth weight and shoulder dystocia. Information was collected to assess appropriate documentation of interventions used in the identification and management of these injuries including postnatal review. Data analysed using Microsoft Excel 2010. Auditable Standard: RCPI Guidelines: Management of OASI.

13 patients with OASI were recorded over a one-year period. 11 patients were primiparous. 3 had instrumental deliveries. All of these patients were examined by a Registrar or Consultant. Method of repair and materials were documented in all cases. >90% had documented appropriate prescribing of antibiotics and laxatives. Documentation regarding referral to appropriate bodies and follow-up care fell below standard and was recorded between 70-80%.

Regular audit of management of OASI is paramount to providing the best standard of care to patients. The audit highlights areas of documentation that could be improved and staff training can be implemented to improve patient outcomes in the future.

196- POSTER (JOGS)

Medical management of first trimester miscarriage: Outcomes and predictors of success

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Abstract

Spontaneous miscarriage is the commonest complication of the first trimester of pregnancy. Non-surgical management is both a safe and an acceptable alternative. However, there is no consensus on the success rate of medical management of miscarriage. There is also a paucity of evidence on the influence of biochemical markers on success rates in medical management of miscarriage.

This is a prospective cohort study looking at the outcomes of medical management of miscarriage and potential factors that influence its success; including clinical factors, ultrasound features and biochemical markers.

Cases were recruited from the early pregnancy unit over a period of 18 months [October-2015 to April-2017]. Cases that underwent medical management were analysed for primary and secondary outcomes. statistical analysis was used to assess factors influencing the success of management.

In total, 186 cases were analysed. Mean maternal age was 33.5 years. 35.4% of women were primigravidas. The mean BMI at presentation was 26kg/m^2. The overall success rate was 68.8%(n=128). There was an association between the final outcome and the presence of a fetal pole (p=0.05). Decision tree analysis showed an 81.3% likelihood of non-surgical outcome with serum bHCG levels <26,528. The rate of unplanned admission was 11.3%(n=21) ; while 4.8%(n=9) required unplanned surgical intervention.

Medical management of miscarriage offers an alternative to women wishing to avoid surgical management. It has relatively low risk of complications. Using ultrasound features and biochemical markers can potentially help clinicians in counselling and personalizing the management of women with first trimester miscarriage.

197- POSTER (JOGS)

THE HIDDEN WINGS OF AN INTRAUTERINE SYSTEM

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Abstract

The levonorgestrel-releasing intrauterine system (LNG-IUS) is commonly used both in primary and secondary care for contraception and the treatment of a number of gynaecological issues. Removal of the device is commonly performed in an outpatient setting by trained professionals without the need for analgesia or anaesthesia.

We present the case of a woman who presented for removal of a LNG-IUS. After removal of the LNG-IUS, it was noted that the wings were not visible. We wondered if it had had broken during its retrieval. However, on closer inspection it was noted that the hormone cylinder had migrated superiorly and was obscuring the wings. After using a scissors to open the hormone cylinder, we were able to push it down inferiorly which revealed that both wings were intact.

Intrauterine breakage of IUS has been described in the literature, which may lead to radiological or hysteroscopic guided removal of the missing parts. This case highlights the importance of adequately inspecting the device after removal to ensure it is complete. This will prevent the need to undergo further, possibly invasive, investigations to retrieve parts which are thought to be missing.

198- POSTER (JOGS)

A CASE OF POSTPARTUM CARDIOMYOPATHY

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Abstract

Postpartum cardiomyopathy, also known as peripartum cardiomyopathy (PPCM), is a new onset of heart failure between the last month of pregnancy and 5 months post delivery with no determinable cause.This is a case report of a 34 year old diagnosed with postpartum cardiomyopathy. She was G1 P0+1, induced at Term +10 weeks for postdates. She had sinus tachycardia through labour,raised white blood cells and elevated CRP. She was managed on oral antibiotics and discharged on day 2 post delivery. She was readmitted on day 3 with complaints of palpitations,shortness of breath and pedal edema. Detailed assessment showed dilated cardiomyopathy with LVEF 42%.She was managed by medical team and was discharged on Ramipril and Bisoprolol.

199- ORAL & POSTER (IPNS)

WILL IRELAND'S 12 WEEK CUT OFF FOR TERMINATION OF PREGNANCY DRIVE REQUESTS FOR NIPD?

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Abstract

Couples can request bespoke Non-invasive prenatal diagnosis (NIPD) for many inherited conditions. NIPD is an attractive non- invasive alternative to prenatal tests. At 8-9 weeks gestation, NIPD, which tests cell free fetal DNA (cffDNA), can identify disorders such as cystic fibrosis (CF) and Spinal muscular atrophy (SMA). Bespoke NIPD can also be offered for rare disorders with prior work up.

Ireland's new termination of pregnancy (TOP) laws allows termination up to 12 weeks gestation. As NIPD tests precede chorionic villus sampling, results can be available prior to the TOP deadline at 11 weeks and 4 days. Anecdotally requests for NIPD have increased since the new legislation. We reviewed our data from 2018- 2019 to identify trends in NIPD requests and whether results were in time for the 12 week deadline.

NIPD referrals received in 2018 -2019 were identified through a retrospective review.

We noted two NIPD cases in 2018, increasing to 8 by September 2019.

NIPD was offered to 5 couples at risk of cystic fibrosis, three for Spinal muscular atrophy, one each for Trisomy 21 & Coffin-Sirus syndrome respectively.

All 5 CF & 2 other couples got results in a timely manner (prior to 11 weeks + 4 days), the 3 cases who did not get their results in time had testing done late at 10+2 weeks , 11 weeks, and 12+6 respectively.

NIPD requests are likely being driven by the new legislation. This is likely to increase. If couples present early, unfavourable results can allow couples avail of TOP locally.

200- ORAL & POSTER (JOGS)

PREVENTING PRETERM BIRTH IN CWIUH

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Abstract

Preterm birth is associated with short and long-term morbidity and mortality, and singleton deliveries less than 37 weeks' gestation (or Robson Group Ten) have the highest rate of perinatal mortality in Ireland.

The Coombe Women and Infants University Hospital (CWIUH) is a large maternity unit with over 8,000 deliveries annually. The preterm birth (PTB) clinic was set up to identify and monitor women at risk of PTB. We present a retrospective review of the women attending the PTB clinic in 2018.

147 women attended the PTB clinic in 12 months. The gestation at delivery ranged from 18+3 to 41+4. The mean gestation at delivery was 37+1. The mean parity was 1, with a range from 0 to 6.

37 women (25.1%) delivered 41 infants at less than 37 weeks' gestation, with 18 women (12.2%) delivering at 34 weeks' gestation or less. 11 women (29.7%) in this group were nulliparous. There were 36 livebirths. Of the women who delivered under 37 weeks' gestation, 26 laboured spontaneously and 10 were delivered by emergency non-labour CS for various indications. Nine women had a cervical cerclage placed, and one woman had an abdominal cerclage. Of these, three women laboured spontaneously less than 37 weeks' gestation. There were 96 SVDs, 11 instrumental deliveries and 44 CS. The mean gestational weight at birth was 2950g, with a range of 200g to 4380g.

Our data suggest that women attending the PTB clinic in CWIUH have a higher rate of preterm delivery (25%) compared to the background rate of preterm delivery (4%) in Ireland. These data emphasise the importance of risk identification and active monitoring of women with risk factors for preterm birth.

201- POSTER

BIRTH INCIDENCE AND SURVIVAL IN A 13 YEAR COHORT OF LIVEBORN BABIES WITH A FATAL FOETAL ABNORMALITY IN THE REPUBLIC OF IRELAND

Emer Gunne[1], Deborah Lambert[2], Cliona McGarvey[3], Karina Hamilton[3], Eileen Treacy[2]

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Abstract

The Health (Regulation of Termination of Pregnancy) Act legalized termination of pregnancy in Ireland from January 2019, with Section 11 allowing termination past 12 weeks of pregnancy for *'a condition affecting the foetus that is likely to lead to the death of the foetus either before, or within 28 days of, birth',* defined in the Clinical Guidance Pathway by the Institute of Obstetrics and Gynaecology (2019).

The objective is to provide accurate information about survival to aid decision-making regarding termination in couples with an antenatal diagnosis of fatal foetal anomaly.

A retrospective analysis of anonymised death records (2006-2018), from the National Paediatric Mortality Registry (source Central Statistics Office) was undertaken, to ascertain the natural history of FFAs. Concurrently termination of pregnancy was against the Irish Constitution. Rare disease diagnoses and survival times were assigned from narrative records, and compared to national annual birth rates.

Survival curves were constructed for diagnoses of anencephaly, trisomy 13, trisomy 18 and bilateral renal agenesis showing that 90% (n=95), 37% (n=92), 38% (n=162) and 93% (n=60) respectively were deceased by 24 hours and 98%, 73%, 58%, 100% respectively by 1 week. Survival time range and median were also calculated for severe skeletal dysplasias and triploidy whose occurrences were rare. Anhydramnios, craniorachischisis, hydranencephaly and severe hydrocephalus were extremely rare and all deaths occurred in the neonatal period.

Our results provide 13 years of national natural history data of FFA survival. This will provide objective information to aid obstetric counselling of couples upon diagnosis of an FFA.

202- POSTER (ISGO)

AUDIT OF MANAGEMENT OF MISSED AND INCOMPLETE MISCARRAIGE AT ≤13 WEEKS GESTATION

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Abstract

The audit was conducted to study the current management of missed and incomplete miscarriage at ≤ 13 weeks pregnancy in Cavan General Hospital (CGH). It was noticed that medical management of miscarriage is not being practiced in CGH, so the purpose of this audit was streamlining this issue. Data was collected from 01/01/2019 to 30/04/2019 on a pre-designed proforma from the medical records of patients obtained from Early pregnancy assessment unit service (EPAU) and recorded on excel after doing a pilot study on five patients. Questions were designed to determine adherence to selected RCPI guidance. The identities of the patients were kept anonymous. The RCPI guideline[1] recommends conservative, medical and surgical treatment options for the patients with missed and incomplete miscarriage, and a dedicated EPAU service along with information leaflet. Mean gestation was 9 weeks and 5 days. Out of 37 patients, 32 women were offered conservative management, 7 were offered medical and 36 were offered surgical treatments. Information leaflet was offered to only 9/37 women. A higher number of women (28/37) required in-patient treatment, a surgical procedure [(Evacuation of retained products of conception (ERPC)], anesthetic exposure, use of theatre resources and suffered additional emotional stress. The audit findings were discussed in the clinical meeting and a quality action plan was devised to offer conservative, medical, and surgical and treatment to all patients with missed and incomplete miscarriage along with an information leaflet and a date of re-audit is planned in 12 months duration.

203- POSTER (JOGS)

INDUCTION OF LABOUR FOR OLIGOHYDRAMNIOS IN THE COOMBE WOMEN AND INFANTS UNIVERSITY HOSPITAL

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Abstract

Amniotic fluid volume is an important measure of foetal wellbeing. Oligohydramnios may lead to adverse perinatal outcomes.It is often an indication for induction of labour (IOL).[1] However, there is no consensus on the most accurate assessment of amniotic fluid volume (AFV), with both amniotic fluid index (AFI) and deepest vertical pocket (DVP) being used.

The aim of this study was to establish the method of diagnosis of oligohydramnios in women who had IOL for same and the subsequent mode of delivery.

The study involved a retrospective chart review of women who had IOL for oligohydramnios from January to September 2019, cross-referenced with Viewpoint radiology reporting system.

Thirty-three women had IOL for oligohydramnios in the study period. A bedside scan was used for 34% (n=10), while 66% (n=23) of women had a departmental scan. Of these 23, AFI was used for diagnosis. Had DVP been used, 14 would have been classified as having normal liquor volume and avoided induction. Nulliparous women accounted for 70% (n=23) of inductions, with 30% (n=10) being multiparous. The gestation at IOL ranged from 36+1 to 41+2 weeks. Spontaneous vaginal delivery was achieved in 15 women, instrumental delivery in 9, while 9 had a caesarean section. 7 out of 33 women (21%) had no documented measurements, but subjectively low amniotic fluid volume noted.

Liquor volume is routinely assessed at term to ensure fetal wellbeing with oligohydramnios being a common indication for induction of labour. Our study shows the need for a systematic approach to assessment of amniotic fluid at term. Both AFI and DVP are similarly poor predictors of actual AFV with AFI overestimating and DVP underestimating the true level. Consideration should be given to adopting the use of DVP as standard tool of measurement as evidence shows AFI increases the diagnosis of oligohydramnios without improving peri-natal outcomes (1).

204- ORAL & POSTER (IPNS)

A modern trend: Caesarean section at full dilation

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Abstract

Approximately 6% of caesarean section (CS) occur at full dilation[i]. These are associated with increased maternal and neonatal morbidity[ii]. The aim of the study was to analyse CS performed at fully dilitation at Coombe Women and Infants University Hospital (CWIUH) over a four-month period.

This study was between January 2019 and April 2019 inclusive. Medical records of women with CS at full dilatation were identified from the hospital database and reviewed retrospectively.

During this study period 34% of the babies were deliveries via CS out of which 4.3% were at full dilatation. The majority were nulliparous (n=26). 70.2% (n=26) of the deliveries had a consultant present. 81% of the deliveries were out of hours (Weekday 5pm- 8 am and weekends). Of the 10.9%(n=4) had a trial of instruments prior to CS. The maternal morbidity rate was 35.1% (n=13). 21.6% (n=8) of babies were admitted to the neonatal intensive care unit.

Although the rate of CS is low compared to RCOG standards, this procedure is associated with high maternal and neonatal morbidity. The rate of documented consultant input could be improved, with potential reduction in morbidity.

[i] Davis, G., Fleming, T., Ford, K., Mouawad, M. R., & Ludlow, J. (2015). Caesarean section at full cervical dilatation. *Australian and New Zealand Journal of Obstetrics and Gynaecology,55*(6), 565-571. doi:10.1111/ajo.12374

[ii] Vousden, N., Cargill, Z., Briley, A., Tydeman, G., & Shennan, A. H. (2014). Caesarean section at full dilatation: Incidence, impact and current management. *The Obstetrician & Gynaecologist,16*(3), 199-205. doi:10.1111/tog.12112

205- POSTER (JOGS)

AN AUDIT OF THE ANOMALY ULTRASOUND SCAN SERVICE IN CORK UNIVERSITY MATERNITY HOSPITAL

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Abstract

The main aim of a routine anomaly ultrasound scan is to provide accurate diagnostic information to detect congenital anomalies. it is a stated aim of the HSE's NWIHP to provide universal access to anomaly scans in all maternity units in Ireland.

CUMH started offering universal fetal anomaly scans for all pregnant women between 21-23 weeks gestation since July 2018. The aim from this audit is to investigate whether all pregnant women booked in CUMH received an anomaly ultrasound scan at the recommended gestational age in their pregnancy.

Retrospective audit of all women who delivered a baby at CUMH in between June 1st to June 30th, 2019, using the MN-CMS and AGFA IMPAX Radiology system. The birth register in the labour ward was checked daily to know the women who delivered every day. Variables included are patients medical record number, GA at which the anomaly US was done, the reasons why anomaly scan did not happen, reasons why anomaly scans were late, Private/Public, the sonographer, the findings at the anomaly scan, repeat scans if any was done and the reason for it.

Anomaly scans were performed in 96.9%. 58.3% of those who did not have an anomaly scan did not book in CUMH. 33.3% of those who did not attend to their appointment were from Non-English speaking country. 88.5% had their anomaly scans performed at the recommended GA.

More effort need to be done to ensure anomaly scans are done universally and on recommended GA.

206- POSTER (JOGS)

TERMINATION OF PREGNANCY FOR FATAL FETAL ABNORMALITIES: HAS THE NEW LEGISLATION IN IRELAND AFFECTED THE NUMBERS?

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Abstract

Background:

The Health (Regulation of Termination of Pregnancy) Act 2018, which provides for and regulates termination of pregnancy in Ireland, came into force on 1st January 2019. Section 11 of this act outlines termination of pregnancy in the case of a condition likely to lead to death of a fetus, either before, or within 28 days of birth. (1) The Act also legislates for termination in early pregnancy.

Purpose of Study:

To analyse the rate of fetal abnormalities that were leading to termination of pregnancies under the Health Act when comparing 2018 and 2019.

Study Design and Methods:

We compared the number of pregnant women that were diagnosed with a significant fetal abnormality, both fatal and otherwise significant, between January and September 2018 and the same period in 2019. We followed the path of these women to see how many terminations were carried out following diagnosis.

Findings of the Study:

In 2018 between January-September, there were 67 significant fetal abnormalities diagnosed. 6 of these were fatal fetal abnormalities (FFA). There were 3 terminations of pregnancy (TOP) for FFAs, indicating a 50% rate. So far in 2019, 7 TOPs have occurred for FFAs, the definite number of total FFAs is under calculation at present. This will permit calculation of any true increase in the number of TOPs for FFAs.

Conclusions and Programme Implications:

The change in law in 2019 has led to an increase in women choosing to terminate affected pregnancies. This will have service implications for units providing this service.

207- POSTER (JOGS)

Title: Wrong place, wrong time; 3 ectopics too many

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Abstract

Ectopic pregnancy is a life-threatening condition affecting 1% of pregnancies, however the rate may be as high as 4% in those using assisted reproductive techniques.

Purpose of study: To document this couples devastating story and the increased risk of ectopic pregnancies in ART, by form of case report.

Study design: retrospective review of the patient's chart and pathology results.

Case Presentation:

This 33yo lady, p0+0, underwent IVF. She had 2 embryos transferred. At 5+6 weeks, she presented to our casualty department with pv spotting and left sided abdominal pain. Managed as a PUL, her pain worsened and a repeat ultrasound was suggestive of a left ectopic pregnancy. Bhcg was trending upwards and a left salpingectomy was performed; operation notes reported a small stump of fallopian tube remained.

She was BIBA day 8 post op with sudden onset abdominal pain. She was taken to theatre ?post op bleed. A large right sided ruptured ectopic pregnancy was found with 400mls of blood in pelvis. Right salpingectomy performed and ectopic pregnancy confirmed on histology.

The couple returned to GOPD for a debrief and discussion re need for removal of left sided stump pre attempt at their final remaining embryo. It was decided that she did not want any further surgeries and understood the risk of a 3rd ectopic.

Unfortunately, she presented to our casualty department this year, 4+6 weeks post embryo transfer with right sided abdominal pain. Treated as PUL and ultrasound suggestive of right cornual ectopic pregnancy. Patient managed with methotrexate.

208- POSTER (JOGS)

MASSIVE OBSTETRIC HAEMORRHAGE (MOH) CASES AT A TERTIARY MATERNITY HOSPITAL: EVALUATING THE IMPACT OF FIBRINOGEN

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Abstract

Our aim was to investigate the impact of the introduction of a major obstetric haemorrhage (MOH) protocol which included the routine use of fibrinogen. We hypothesised that using fibrinogen in MOH would reduce the requirement for units of red cell concentrate(RCC) and fresh frozen plasma(FFP).

Ethical approval was obtained. This is a clinical review of a series of MOH cases at Cork University Maternity Hospital before MOH protocol inauguration in 2011-2013 and after protocol establishment in 2017. Cases of MOH from 2011-2013 were extracted from a clinical audit of MOH from the National Perinatal Epidemiology Centre. Cases of MOH in 2017 were identified from blood bank records. Data were analysed using SPSS.

40 cases of MOH were identified in 2011-2013 and 27 cases in 2017. There were no statistically significant differences between the groups in terms of patient demographics. Uterine atony was the most common cause of MOH in both groups. Caesarean section was the most common mode of delivery accounting for 70% of deliveries in both groups. All patients received RCC. Fibrinogen was received in 57.5% of MOH cases in 2011-2013 and 66.7% in 2017. FFP was received in 72.5% of cases in 2011-2013 and 51.9% of cases in 2017. Platelets were received in 45% of cases in 2011-2013 and 25.9% of cases in 2017.

In conclusion, whilst there is a trend toward increased fibrinogen use and reduction in FFP and platelet use, there were no statistically significant differences between the groups, albeit our numbers were small.

210- POSTER (JOGS)

CASE REPORT : AN INTERESTING ASSOCIATION BETWEEN CERVICAL ENDOMETRIOSIS AND ABNORMAL SMEARS

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Abstract

cervix uteri is a rare localization for endometriosis , the likelihood of which is increased by procedures traumatizing the cervix. Most patients with cervical endometriosis are asymptomatic. A substantial number of patients reported in the literature only had abnormal smear results and were diagnosed during colposcopy or by pathologic examinations of their biopsy or hysterectomy specimens.

We report a rare case of a 50 yo whose initial smear in 2013 showed atypical glandular cells followed by LLETZ , results of which came back as CGIN with clear margins.Her subsequent yearly smears were negative in 2014 and 2015. In 2016 she underwent LLETZ and hysteroscopy D&C which was reported as endometriosis on LLETZ biopsy sample also the smear done same year showed AGH/ Boderline glandular which kept persisting her subsequent smears.

She was discussed several times at multidisciplinary meetings and was felt that her glandular abnormalities were result of endometriosis rather than distinct pathology.

Option for hysterectomy was discussed multiple times with patient in course of her followup but she initially refrained from it. She finally agreed to it and underwent surgery the histology report of which showed endometriosis of cervix with associated acute and chronic cervicitis.

We recommend that cervical smears can be misleading in cases of cervical endometriosis. The reason for this is that endometriosis undergoes different cytomorphologic changes under the influence of hormonal fluctuations during the menstrual cycle.

212- ORAL & POSTER (IPNS)

Congenital Hypoplasia of an Aortic Valve Cusp in a Still Born Infant at Autopsy

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Abstract

Isolated congenital hypoplasia of an aortic valve cusp has not been identified in the perinatal period in the literature. Hypoplasia of an aortic valve cusp has been associated with clinical syndromes of aortic incompetence and acute coronary ischemia in children and adults.

A 37 year old woman, gravida 2, para 0+1 with a history of gestational diabetes presented with decreased foetal movements at 38+4 weeks. Ultrasonography revealed an intrapartum intrauterine death. The significant findings of the autopsy were limited to the heart where an incidental hypoplastic left aortic valve cusp with normally formed right and posterior coronary cusps was identified.

Historical reports have identified this lesion in clinical and autopsy cases on the basis of occlusion of blood flow to a left patent coronary artery at its ostium leading to myocardial ischemia.

Previously hypothesised as an acquired anomaly as patients present in advanced age with symptomatic myocardial ischemia, increasing numbers of paediatric cases have been reported. It is now being increasingly identified as an acute lesion in the paediatric age groups. In excess of nine paediatric cases and a single case of a neonate causing ischemia have been reported.

This is a rare nonathereosclerotic coronary artery lesion which can lead to myocardial ischemia, which can easily be overlooked in a child with chest pain. Increasing obstruction to the left main coronary ostium can cause severe myocardial ischemia and sudden death. To our knowledge this case is the first reported case of hypoplastic left coronary cusp in a still born infant.

213- ORAL & POSTER (IPNS)

The etiology, interventions and outcomes in Hydrops fetalis - experience over 15 years

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Abstract

The objective was to prospectively analyse the etiology, interventions and outcomes in hydrops fetalis (HF) over a 15 year period.

All cases of HF from 2000 to 2010 were recorded in a high volume tertiary referral center. A second 5 year review was carried out after a 3 year interval (2013-2017) for comparison giving a total of 15 years of data.

The incidence was lower in the more recent group with a rate or 1:2105 compared with an incidence of 1:1315 in the earlier group (p=< 0.05). There were 73.1% intrauterine deaths and 26.9% liveborn infants. There were 72% infants that survived to hospital discharge. Etiology was identified in 66% cases, including ; cardiac 29.8%, primary hydrothorax 17.9%, cystic hygromas 13.4%, aneuploidy 9%, fetal anaemia including immune hydrops 4.4% and infection 1.5%. Therapeutic intervention included; Intrauterine transfusions in 4.4%, Thoraco amniotic shunts in 13.4% and medical treatment of cardiac dysrythmia 2.8%. Of those treated 50% survived vs 11% in those that were untreated. Postmortem provided additional findings in 42% of cases.

Hydrops is rare condition with a high mortality rate of 80.7%. The incidence appears to be decreasing. Two thirds of cases in the study had an identifiable cause, the most common being cardiac pathology. Immune hydrops is now a rare cause of hydrops. One fifth of cases were amenable to treatment of whom half survived. It is important to determine the etiology of hydrops so that treatable causes can be identified. Autopsy provides additional information in 42% of cases.

214- ORAL & POSTER (JOGS)

DOES ABDOMINAL PAIN EQUAL ACUTE GYNAECOLOGY EMERGENCY?

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Abstract

Abdominal pain is a common presentation to Accident and Emergency (A&E). Common cause of pain include ovarian, bowel and bladder issues. We wanted to assess the number of patient who present and end up having a gynaecological diagnosis.

This was a retrospective cross-sectional study over a 6 month period. The study identified 570 acute presentations with a primary complaint of lower abdominal pain within the age group of 15 to 50 years.

A diagnosis was identified in 58 % of these women; of these women 3.4 % were found to have an acute gynaecological problem needing surgery, 22% were benign gynaecological, 2% were obstetric, 17% were acute surgical, and 14% were medical diagnosis. The time of presentation to A&E were found to be 51% between 08:00 to 17:00, 31% from 17:00 to 00:00, and 18% from 00:00 to 08:00. In regards to investigation 84% had bloods taken, 39% had a mid-stream urine taken, 47% had radiological investigation, 33.5% had a serum BHCG, 19.6% had a high vaginal swab, 15% had endocervical swab. We found 52% were admitted into hospital and 58% were followed up in specialty outpatient clinics. Of those found to have a benign gynaecological diagnosis 16% were admitted for a minimum of 1 night and 10% got inpatient departmental radiological imaging.

The study shows that 1:4 patients attending A&E have some kind of gynaecology disorder, but only 3.4% needed surgery.

215- POSTER (JOGS)

IMPROVEMENTS IN REDUCING PRETERM DELIVERY IN A HIGH-RISK POPULATION

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Abstract

Prematurity is one of the commonest causes of neonatal death. Women at high risk of premature delivery attending our unit attend a clinic which aims to reduce rates of preterm delivery in this cohort. Surveillance of cervical length and screening for genital tract infection, with targeted intervention, are the methods used. Targeted interventions included cervical cerclage, abdominal cerclage, ring pessary and progesterone.

The purpose of this study was to evaluate outcomes from the high risk preterm clinic and compare with the past five years' outcomes to assess if we are maintaining our standards.

This was a retrospective review. Data was gathered from outpatient records, clinic records and hospital electronic records for women who attended the preterm birth clinic between January and December 2018. The Exact Poisson method was used to assess incidence difference.

Outcomes were analysed for 115 pregnancies. Total rate of preterm delivery was 18% (N = 21) and second trimester loss 1.7% (N=2). Of 43 women who had a previous preterm birth 27.8% (N=12) had a further preterm delivery. 52% of women with a previous preterm delivery over the previous 5 years had a further preterm delivery (148 of 283 women), with an incidence rate difference of 0.2439 ($p < 0.05$). Total rate of preterm delivery in the previous 5-year group was 28.8% (220 of 763 women). Incidence difference = 0.1057 ($p < 0.05$)

The total preterm birth rate, and recurrent preterm birth rate in 2018 were significantly less than the rates from the previous 5 years.

216- ORAL & POSTER (JOGS)

NiPT – Keeping it Simple!

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[1]RCSI, Dublin, Ireland. [2]Rotunda, Dublin, Ireland

Abstract

Almost 700,000 NiPT's have been carried out worldwide, but can lead to anxiety and over-investigation of otherwise normal pregnancies. We sought to examine the outcome of all high risk NiPT results in a large tertiary referral center.

All NiPTs performed were included from 2013 - 2019. The patients' charts were examined for invasive testing and outcome.

4,769 NiPTs were performed over 5 years. 130 were high risk (2.73%). 64 were high risk for T21. Of these, one was incorrect, but amniocentesis revealed 47XY+18. 3 of 8 high risk T13 cases and 1 of 15 high risk T18 cases resulted in healthy babies. Of 6 high risk for Turner syndrome, all 4 cases with follow up were confirmed 45X. Of 6 results for sex chromosome aneuploidy (XXX, XYY, XXY) 2 false positives occurred. NiPT for DiGeorge syndrome did not perform well with only 1 of 4 high risk results confirmed. A further two cases were reported as high risk for T13 or T18, and both were incorrect. 8 were reported as high risk for triploidy with no confirmed true positives. 17 women received results that were high risk for T13, T18 or triploidy. All have resulted in normal pregnancies.

It is reassuring that NiPT performs well for trisomy 21 and Turner syndrome. However, it is less well appreciated that the performance of NiPT for other aneuploidies is limited in clinical practice. The large proportion of false positives for non-T21 cases underscores the importance of obtaining invasive testing confirmation prior to therapeutic action.

217- POSTER (JOGS)

High Fidelity Simulation Improves Medical Students Confidence of Labor and Delivery

Catherine Finnegan[1,2], Suzanne Smyth[1,2], Sarah Nicholson[1,2], Fionnuala Breathnach[1], Fergal Malone[1], Mark Hehir[2], Karen Flood[1]

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Abstract

Experience of labor and vaginal delivery are vital components of medical education. We sought to examine the effect of simulation on medical student's confidence in approaching labor and delivery.

115 medical students attending their OBGYN rotation were recruited, all were naïve of labor and delivery. Prior to teaching all completed a questionnaire to grade confidence in various clinical situations from 1 to 5, with 1 completely lacking confidence and 5 being completely confident to manage the scenario. They then attended a 3-hour labor ward simulation tutorial. This experience involves using a high fidelity birthing simulator, where management of labor, delivery and third stage is taught. Following this the same questionnaire was completed and scores were compared.

Full data were available for analysis on all 115 medical students with increased confidence scores in 7 of 10 clinical scenarios following simulation teaching. Students reported feeling more confident in management of imminent vaginal delivery either in or out of a hospital setting as well as coaching in the second stage. Similarly students reported increased confidence in delivery of the placenta. Areas where students did not feel an increase involved vaginal assessment such as determining fetal presentation or determining cervical dilatation.

Simulation of labor and delivery using simulation improves clinical confidence in medical students. Further experience and exposure is needed to gain confidence in more specialized skills like vaginal assessment. Simulation training and increased confidence in managing basic clinical scenarios may lead to a more enriching learning experience of "real-world" labor and delivery.

218- POSTER (JOGS)

Group A streptococcal infection in Pregnancy and Puerperium.

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Abstract

Pregnancy and postpartum women have 20 fold increase in attack rate for invasive group A streptococcal (GAS) infection compared with non pregnant women.Risk factors for pregnancy related GAS includes Upper respiratory GAS infection, PPROM, Caesarean section.Clinical manifestation include fever,abdominal pain and hypotension with/without tachycardia or leukocytosis.Severe infection can lead to streptococcal Toxic Shock Syndrome(TSS).

Treatment of pregnancy related GAS infection consists of agressive fluid resuscitation,antibiotic therapy and source control. Prompt intervention is critical. Recently administration of IV immune Globulin has been suggested for patients with streptococcal TSS.

We report an interesting case of 22 years of age P1 lady who had Vaccum delivery with episiotomy,discharged home day 3 postnatal .Two days later she was referred back to maternity ward for review of gaped episiotomy.At review in maternity ward her wound swab was taken and she was commenced on oral antiboitics and was called for review a week later.

Next day wound swab report showed GAS infection and patient was contacted for urgent review.On admission patient had H/O sore throat.On examination rash was noticed on her abdomen and back. She was commenced on IV benzpenicilline and clindamycin.She had persistently low BP on admission.Physicians,Anesthetists, Microbiologist and gyneacologists were involved in her care. Patient shifted to ICU remained there for 7 days. She underwent sets of investigations,EUA,Episiotomy wound repair.Public health department was involved for contact tracing.Patient was discharged home after 19 days of hospital stay.

219- POSTER (JOGS)

VASA PRAEVIA :DIAGNOSED AT THE TIME OF THE ASSISSTED BREECH DELIVERY OF THE 2ND TWIN , DCDA

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Abstract

Vasa praevia is a serious obstetric condition associated with high risk of perinatal morbidity and mortality. Fetal mortality rate is approximately 60% despite urgent caesarean delivery. However, improved survival rates of over 95% have been reported where the diagnosis has been made antenatally . Prevalence in general populations is 1 in 1200 to 1 in 5000 pregnancies, and it is as high as 1:300 in multiple pregnancies.

We report an interesting case of a 29 years old G5P4, all SVD. she had spontaneous uneventful twin pregnancy DCDA. Serial ultrasound examinations confirmed anterior high placenta for both with presentation of twin 1 being cephalic and twin 2 breech.

The patient underwent induction of labour at 37 weeks. Had AROM done and clear liquor drained. Oxytocin was started for augmentation. She progressed and delivered 1st twin uneventfully. Cervix was found to be 8 CM dilated, oxytocin was commenced for augmentation. Membranes were left intact, mainly to allow the presenting part to exert a pressure on the cervix while descending.

The 2nd twin was delivered 45 minutes later as breech, with good APGAR score, and intact membranes, which spontaneously ruptured at the time of the delivery of the baby. On examination, there was a velamentous cord insertion and vasa praevia of the placenta of the 2nd twin.

As vasa praevia is more common with multiple pregnancy, therefore we recommend avoidance of routine early amniotomy for twin 2, because it can be a potential risk of perinatal morbidity and mortality if vasa praevia is missed.

220- POSTER (JOGS)

A CASE OF TRIPLOID PREGNANCY WITH EARLY ONSET PRE-ECLAMPSIA

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Abstract

Triploidy occurs in 1-2% of pregnancies but rarely advances to second trimester but if it does 35% will develop severe pre-eclampsia. Therefore if such pregnancy continues closed monitoring for maternal health is recommended.

We present a case of triploidy pregnancy which progressed to second trimester and had to be terminated due to early onset of severe pre-eclampsia.

The case related notes was reviewed and literature search was performed using word ‘triploidy’ and 'early onset pre-eclampsia'.

Most of the cases of triploidy were pre-eclampsia developed in early second trimester were reported to be associated with molar changes. our case is one of the rare case where there was no no molar changes identified in the placenta.

Triploidy pregnancy is incompatible with life and has added risk to maternal health. Such information will help in counselling patient regarding such pregnancies and will help them in making informed decision. our case also highlights the importance of earlier termination in such cases if it is desirable by the patient.

221- POSTER (JOGS)

RECURRENT ECTOPIC PREGNANCY IN TUBAL STUMP AFTER PREVIOUS SALPINGECTOMY

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Abstract

Ipsilateral ectopic pregnacy after total or previous salpingectomy is a rare occurrence with very few cases reported in literature. we report a case where the spontaneous ectopic occurred in the stump of previously removed tube.

Case notes were reviewed and literature search was performed using words ‘ recurrent ecopic pregnancy’ and ‘tubal stump’.

In our case report we have offered possible hypothesis of such occurrence and few surgical technique which can possibly help in avoiding such recurrence have been discussed

Recurrent ectopic pregnancy in tubal stump after previous total salpingectomy is rare but can occur. Therefore it should be suspected in patient who present with pain on the side of previous salpingectomy and positive pregnancy test. At the time of performing salpingectomy for any indication care should be taken to leave as little stump as possible to avoid such recurrences

222- POSTER (JOGS)

A MASQUERADING PELVIC MASS- A CASE STUDY

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Abstract

A 38yo presents to A&E with vaginal discharge, RIF pain, fatigue and pyrexia. Background history: Cryptosporidium infection in 2016, resulting in a 3.5 stone weight loss and an additional 3 stone weight loss in the interim. Surgical history: brain aneurysm clipping in 2006 and Laparoscopic Cholecystectomy in 2001. She's an ex-smoker and non-drinker. She's recently widowed 2 months prior and has had no other sexual partners.

Initial investigations: UA positive blood, protein, leucocytes and ketones; negative nitrates and hcg. Haemoglobin 10.1, white-cell-count 17.8 platelets 643, CRP 79 and albumin 34. The patient was cachectic, has hair thinning &excess skin folds. On examination RIF dyscomfort and a pelvic mass 12/40 size supra-pubically and extending to the left iliac fossa (LIF). There was no cervical excitation or tenderness bimanual examination. Speculum demonstrates minimal light green vaginal discharge.

Ultrasound demonstrated a 12.8cm multi-loculated mixed solid/cystic mass arising from the left adnexae (Figure 1). MRI recommended but not performed due to aneurysm clipping. Tumour markers were normal. CT Abdomen (Figure 2) demonstrated Significant thickening of rectosigmoid junction, diffuse mural thickening of the caecum &terminal ileum and a complex fistula/longitudinal abscess extending from mid-rectum to distal sigmoid with a second branch extending across the solid cystic mass in the left upper abdomen. There was also extensive lymphadenopathy of left external, common iliac and retroperitoneal and mesenteric lymphatic systems. Additional history reported no previous history of gastrointestinal disturbance and family history was significant for a cousin with Crohn's disease.

223- POSTER (JOGS)

A CASE OF CHICKEN OR EGG; DIAGNOSTIC QUANDRY IN A RARE PRESENTATION OF SUBCAPSULAR HEPATIC HEMATOMA

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Abstract

Spontaneous subcapsular hepatic hematoma (SCHH) represents a rare but potentially fatal complication of pregnancy and the postnatal period. The incidence is 1 per 45,000 live births. Over 200 cases are described in the literature with only 15% of these cases detected postnatally. There are no specific symptoms with SCHH, so a high degree of clinical suspicion must be maintained in the setting of right hypochondrial pain radiation to the back/shoulder/neck or in the presence of anaemia/hypotension.

We present a case of SCHH without associated patient morbidities, diagnosed postnatally and managed conservatively.

In this clinical scenario while there were symptoms prior to delivery, SCHH was not suspected until the postnatal period.With deranged liver function and a two-day history of mild hypertension, diagnostic criteria for pre-eclampsia are met. However, as the symptoms of right hypochondrial pain predate any hypertensive episodes, it is difficult to decipher causality. This is a diagnostic case of chicken or egg; a spontaneous SCHH may have caused derangement of liver function, or an evolving pre-eclampsia may have caused of the SCHH.

Regardless of cause, this case highlights the necessity for vigilance in consideration of SCHH in differential diagnosis of right sided shoulder tip/hypochondrial pain during pregnancy and in the postpartum period. There is a critical need for acute care, and this interesting example showcases diverse differentials which were considered and investigated prior to diagnosis of SCHH.

224- POSTER (JOGS)

ENHANCED RECOVERY AFTER CAESAREAN SECTION DELIVERY; AN AUDIT OF GUIDELINE ADHERANCE

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Abstract

Length of stay after caesarean section varies between maternity units. Unnecessarily lengthy stays increase patient morbidity and economic burden. Guidelines promote measures for enhanced recovery after surgery (ERAS), which optimise post-operative care after caesarean delivery.

We looked to assess the adherence to these guidelines in Wexford General Hospital, with the aim of improving postoperative outcome and minimising length of stay where appropriate. International guidelines were evaluated against current practice within the hospital.

Retrospective audit was performed on patient notes from all caesarean deliveries over a one month period (n=37). Charts where analysed in terms of adherence to eight recommendations from international guidelines;

1. Fluid pre-loading
2. Anti-emetics
3. Analgesia
4. Regular diet within two hours
5. Thromboembolic deterrent stockings and venous thromboembolism prophylaxis
6. Early to mobilise
7. Catheter to be removed immediately post-operatively
8. Discharge counselling.

Well established areas of practice included anti-emetic therapy, appropriate analgesia, VTE prophylaxis, fluid pre-loading and discharge counselling. Areas identified for significant improvement were time to mobilise, time to trial without catheter and time to eat. These areas have shown in previous studies to improve of short-term outcomes after surgery. Re audit after staff education and policy adjustment on these factors will aim to minimise excessive and unnecessarily long stays post caesarean delivery.

225- ORAL & POSTER (JOGS)

A BASELINE INTERNAL AUDIT OF PROPHYLACTIC SINGLE DOSE ANTIBIOTIC ADMINISTRATION FOR OPERATIVE VAGINAL DELIVERY

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Abstract

Sepsis causes 11% of maternal deaths globally. Caesarean section is a risk factor for maternal infection, with antibiotic prophylaxis recommended. Currently, WHO guidelines do not recommend antibiotic prophylaxis for operative vaginal delivery (OVD). The ANODE RCT blind trial, involving 3420 women in 27 UK obstetric units, provides evidence of a benefit of a single dose of prophylactic antibiotic after OVD.

The aim of this audit was to evaluate adherence to hospital guidelines which state that a single dose of antibiotic prophylaxis should be administered to all women who have OVD.

All women who underwent OVD from the date of hospital guideline introduction 08/07/19 to 29/08/19 were identified by our K2 clinical maternity system. A retrospective chart review was undertaken from 149 medical records, and data collated within Microsoft Excel to ascertain adherence to this guideline.

Retrospective analysis of 149 medical charts of women who had OVD found that 90% of women did not receive antibiotic prophylaxis, as recommended. To date, 11 postnatal complications, defined as antibiotics newly prescribed for suspected or confirmed perineal wound-related infection, have so far been identified. Out of those 11 women, none received antibiotic prophylaxis for OVD.

This audit of practise establishes that we are not in compliance with the hospital guidelines on antibiotic prophylaxis in OVD. We plan to have poster displays in clinical areas for multidisciplinary team education and assess their effectiveness by re-audit in three months. Full compliance will reduce risk of maternal infection and provides an important opportunity to maximise patient safety.

226- POSTER (JOGS)

HELLP! WE DON'T KNOW WHY SHE IS JAUNDICED!

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[1]Wexford General Hospital, Wexford, Ireland. [2]The Rotunda Hospital, Dublin, Ireland

Abstract

Haemolysis, elevated liver enzymes and low platelets (HELLP) is a severe form of pre-eclampsia toxaemia (PET) that develops in <1% pregnancies. 15 - 20% of patients do not have antecedent hypertension or proteinuria, making it a difficult diagnosis.

MO'K is a 34 year old woman, with three previous full term vaginal deliveries. Now with a new partner, she presented to Wexford Hospital at 28/40 with epigastric pain and vomiting. She was jaundiced of both skin and sclera. Vital signs were normal; no hypertension or proteinuria. She looked well, was comfortable and chatting. Abdomen was soft, non-tender, Murphy's sign negative, no hepatosplenomegaly felt. She had brisk reflexes but no clonus. Cardiotocograph was reassuring. Bloods were sent which revealed an acute kidney injury, deranged liver function, INR of 3, prolonged aPTT and PT time, and low fibrinogen. Normal blood sugar level.

Differential diagnosis included:

- Cholelithiasis
- Acute fatty liver in pregnancy
- HELLP / pre-eclampsia
- Hepatitis – viral or autoimmune
- Sepsis

She was transferred to The Rotunda for further management. Here, she became hypertensive with 3+ proteinuria. Repeat bloods showed further deterioration in LFTs and coagulation. Lactate was 5.5. She was hyper-reflexive and now felt generally unwell. She was delivered by emergency Caesarean Section, and required 8g fibrinogen and 4 units fresh frozen plasma to correct the coagulopathy. Baby was born in good condition weighing 1.2kg. She became encephalopathic postnatally and was transferred to the Gastroenterology team in The Mater Hospital. She is still undergoing investigation and a clear diagnosis has not been reached yet.

227- ORAL & POSTER (JOGS)

INFLAMMATORY BOWEL DISEASE AND PREGNANCY – CLINICAL CARE GUIDELINES

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Abstract

Inflammatory bowel disease (IBD) are chronic inflammatory intestinal disorders commonly affecting women during their reproductive years. IBD affects young people, with more than 50% diagnosed before 32 years of age and 25% of women conceive subsequent to their diagnosis. Of relevance to pregnancy and fecundity is that IBD often necessitates the use of potent immunomodulator and biologic therapy as well as abdominal and pelvic surgery. Issues concerning fertility, antepartum pregnancy management, mode of delivery and lactation are influenced by disease activity, medications, perianal disease and previous ileoanal pouch surgery. Given the complexity of managing both a chronic inflammatory disease and pregnancy we felt a clinical care guideline would be beneficial.

We performed a review of recent studies and recommendations regarding the management of inflammatory bowel disease and pregnancy in an attempt to produce a succint clinical care guideline relevant to both gastroenterology and obstetric health care providers.

Recommendations in relation to preconception counseling, fertility, fecundity and assisted reproduction, the medical management of IBD during pregnancy, mode of delivery, management of ostomies during pregnancy and postpartum management were made following a review of recent literature.

Multidisciplinary management with input from high-risk obstetricians, fertility specialists, gastroenterologists and colorectal surgeons is recommended following the review. Clinicians should strive to maintain remission, avoid surgery, minimize interventions and prevent exposure to teratogenic medications. Care should incorporate pre-conception advise/therapy to ensure disease remission, regular review during pregnancy with gastroenterology and obstetrics, maintenance monotherapy if achievable, vaginal delivery if appropriate and post-partum review soon after delivery.

228- ORAL & POSTER (JOGS)

A retrospective review of patients referred to the Diabetic antenatal Clinic – subsequent treatment and neonatal outcomes

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Abstract

Background: Patients referred from the clinics or from general practitioners are managed in the dedicated diabetic antenatal at Wexford General hospital. These patients are managed antenatally and postnatally following local and national guidelines. We looked at the number of referral to the clinic their diabetic state and subsequent management in pregnancy as well as the number of babies admitted to the special care baby unit the adequate correction of their glycaemic states

Objective: To retrospectively review diabetic patients referred to the diabetic clinic, their outcomes and the subsequent management of their babies in the special care baby unit over the period 2016 – 2018.

Method: A review of patients referred to the clinic over the period who were managed and subsequent attendances of their babies to the special care baby unit

Results: 2016: total patients referred: 202. GDM – 188, Type 1 DM – 7 and Type 2 DM – 7

2017: total patients referred: 134. GDM – 127, Type 1 DM – 4 and Type 2 DM – 3

2018: total patients referred: 174. GDM – 165 Type 1 DM – 2 and Type 2 DM – 6

All patient with Type 1 DM continued on their insulin regimes titrated as the antenatal state required. Patients with Type 2 DM were generally managed on diet and Insulin

2016: 99/188 GDM patients were placed on insulin

2017: 42/127 GDM patients were placed on insulin

2018: 66/165 GDM patients were placed on insulin

Babies admitted to the SCBU were invariable due to the mothers not accepting bottle feedingh

229- ORAL & POSTER (ISGO)

Evaluation of Management of Patients with Molar Pregnancy Registered to the National Gestational Trophoblastic Disease Centre

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Abstract

Gestational trophoblastic disease affects 1 in 600 pregnancies. International figures state that 15% of complete hydatidiform moles, and 1% of partial hydatidiform moles, will have disease persistence requiring chemotherapy. 80% of these will receive methotrexate and 20% will require multi-agent chemotherapy.

This audit will review patients registered with the National Gestational Trophoblastic Disease Registry (NGTDR) since its origin in 2017, focusing in particular on the patients with persistent trophoblastic disease requiring chemotherapy and comparing rates of single agent versus multi-agent chemotherapy in Ireland to international standards.

Data was retrieved from the NGTDR of patients registered between 29/5/17 and 4/1/19. Data collected included patient demographics, histology and type of molar pregnancy, beta HCG level and chemotherapy type and was collated into a spreadsheet.

138 patients were registered over the study period. 26 (18.8%) were complete molar pregnancies, 106 (76.8%) were partial molar pregnancies and there was a suspicion of molar pregnancy in 4 (3%) cases. One choriocarcinoma (0.7%) and one placental site trophoblastic tumour (0.7%) were diagnosed. 7 patients (5%) overall required chemotherapy, and 19% of complete molar pregnancies. 4 patients (57%) were treated with methotrexate alone, 2 (26%) received methotrexate and actinomycin-D, and 1 (14%) received methotrexate and EMA/CO.

Our figures compare favourably with the UK, with 19% requiring chemotherapy as opposed to 15% in the UK. Larger numbers are required to accurately evaluate, and our aim is that all patients in Ireland diagnosed with gestational trophoblastic disease be registered with the NGTDR to ensure accurate management decisions.

230- POSTER (JOGS)

Case of a Heterotopic Pregnancy

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Abstract

A case of a heterotopic pregnancy following IVF; which resulted in the healthy baby and a ruptured ectopic pregnancy. Ms AM underwent a successfull IVF cycle, prelimanary scans found a live intra-utero singleton pregnancy. Unfortunately at 9 weeks gestation she presented to A&E with severe left sided pain and associated PV bleed. Ultrasound found a live left sided ectopic pregnancy which required laparoscopic salpinectomy. The intra-utero pregnancy was carried to term and she had a elective caesarean section. This case illustrates the need to be vigilant and be mindfull of a possible heterotropic pregnancy.

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