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Junior Obstetrics and Gynaecology Society Annual Scientific Meeting 2020

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1

DEVELOPMENT AND EVALUATION OF TEARDROP - A PERINATAL BEREAVEMENT CARE TRAINING PROGRAMME FOR HEALTHCARE PROFESSIONALS

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Abstract

Appropriate perinatal bereavement care can benefit bereaved parents and reduce further distress. Poor training can impact healthcare professionals (HCPs) at a personal and professional-level. HCPs have reported poor preparation to care for bereaved parents. High-quality perinatal bereavement care training is essential.

This study describes the TEARDROP workshop for perinatal bereavement care training, an evaluation of its pilot and first workshop, and the teaching methods applied.

The TEARDROP workshop was created in line with the Irish National Bereavement Standards, and based on the SCORPIO model of teaching, offering a participant-centred teaching. Both pilot session and workshop were held in a tertiary maternity hospital. Paper-based anonymous questionnaires were used to evaluate these sessions.

Overall, participants were highly satisfied with the workshop. The level of information and quality of teaching in the pilot and workshop scored very high. Most participants stated not being adequately prepared to communicate or care for bereaved parents. The workshop evaluation showed that only 8% of participants received prior training on discussing post-mortems with bereaved parents. Participants (100%) would recommend the workshop be available nationally and would recommend it to a colleague.

To our knowledge this is one of few participant-centred perinatal bereavement care training for maternity staff in Ireland. The workshop has been well received and results highlighted the relevance and importance of the TEARDROP programme for HCPs. Adequate training for all maternity staff is essential and TEARDROP has the potential to impact on the quality of bereavement care provided in Irish maternity units.

2

VALSARATAN EXPOSURE IN PREGNANCY WITH RESULTANT ANHYDRAMNIOS AND CHRONIC KIDNEY DISEASE IN A LATE PRETERM INFANT.

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Abstract

Fetal exposure to angiotensin II receptor blockers (ARBs), particularly in the 2nd and 3rd trimester, have fetotoxic effects including renal failure, oligohydramnios and lung hypoplasia.

We present the case of a 24 year old woman who presented to the maternity services in the 34th week of her first pregnancy. She was noted to be taking valsartan, an ARB, for essential hypertension, prescribed by her general practitioner.

Ultrasound examination showed a structurally normal, well grown fetus. There was anhydramnios with a single pool of amniotic fluid measuring less than 1cm. There was no history of spontaneous rupture of membranes. The patient was admitted for fetal monitoring and valsartan was switched to labetalol.

Her blood pressure was controlled throughout admission and there was no evidence of pre-eclampsia. She had spontaneous preterm delivery at 35+1 weeks of a baby girl weighing 2160g. The baby was initially anuric but began to produce small amounts of urine after 72 hours. She was transferred to a tertiary centre for nephrology input until 5 weeks corrected gestational age. She did not require dialysis but had initial failure to thrive, and transient limb contractures. At 6 months corrected gestational age she remains on carvedilol for hypertension, erythropoietin and ferrous fumarate for anaemia and has ongoing nephrology follow up for chronic kidney disease.

This case demonstrates the serious adverse effects that result from ARB exposure in utero, and highlights the importance of avoiding fetotoxic medications in women of child bearing age.

3

MATERNAL AND PERINATAL OUTCOMES IN ADVANCED MATERNAL AGE

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Abstract

Advanced maternal age (AMA) is identified as childbearing of women aged 35 years old and above. AMA has shown to be associated with economic, social and health complications affecting the mother and the foetus. These include intrauterine growth restriction, pre-eclampsia, preterm birth, stillbirth and caesarean section risk.

This study examines the maternal and foetal outcomes in advanced maternal age women.

A retrospective study of 2,843 pregnant with advanced age delivered in OLOH over a period of 1 year. Total patients were divided into two groups (maternal age 20-35 years and >35 years) that were compared against parameters of labour onset, delivery method, shoulder dystocia, post-partum haemorrhage and neonatal birth weight. Data obtained in this study was analysed using MedCalc Statistical Software version 19.3.1.

Of the 2,843 women included in this study, 1882 (66.2%) were 20-35 years and 961 (33.8%) were ³35 years. Maternal characteristics such as BMI at booking, multiparty, diabetes and history of pregnancy-induced hypertension were more prevalent in older mothers. Older women were less likely to experience spontaneous onset of labour (35.4% v.48.0%, $p<0.001$). The rate of Operative vaginal deliveries (OVD) was significantly decreased in older women compared to young mothers (7.2% v. 12.8%, $p<0.001$). Emergency CS rates were higher in young women but this was not statistically significant

This study highlights the magnitude of obstetric risks that are associated with advanced maternal age, though more research is required to fully elucidate the effect of advanced maternal age on maternal and perinatal outcomes in pregnancy within Irish populations.

4

FROM PHYSICAL TO VIRTUAL: HOW THE COVID-19 PANDEMIC CHANGED A TERTIARY GYNAECOLOGY ONCOLOGY SURVEILLANCE PROGRAM.

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Abstract

The Mater Misericordiae University Hospital gynaecology oncology department is a tertiary referral centre for gynaecological cancers. Traditionally this service had physical outpatient appointment follow up, however the COVID-19 pandemic necessitated a change in follow up to a new virtual service.

This patient satisfaction survey was carried out to assess patient response to this change in follow up during COVID-19.

In this survey 75 patients were contacted by telephone. Breakdown in cancer diagnosis was 32% cervical, 32% endometrial, 19% ovarian and 17% vulvo-vaginal. Inclusion criteria was that patients had a cancer diagnosis and had a virtual clinic review between the 25/3/20 to the 11/6/20.

Physical appointments significantly interfere with patients' lives. 48% take time off work and 37.5% travel greater than one hour in order to attend. More than a quarter of women would not be happy waiting in clinics in a post-COVID-19 time. The majority of women (76%) found that a physical exam did not affect their appointment. Patient's overall rating of our virtual clinic was excellent in 79% of cases, the aspect rated most highly was the support they received. Feedback was sought and patients offered suggestions of a video component and alternating virtual and physical appointments.

The transition from a physical clinic service to a virtual service is one that is widely acceptable to our patients. Despite a global pandemic we rapidly adapted our service to meet our patient requirements and have laid the groundwork for a move towards a long term virtual approach to follow up.

5

DIET CONTROLLED GESTATIONAL DIABETES – A SIGNIFICANT DIAGNOSIS

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Abstract

Gestational diabetes mellitus (GDM) patients achieve glycaemic control using diet alone or hypoglycaemic agents. Diet controlled GDM is considered to be a preferable diagnosis to one requiring hypoglycaemics.

This retrospective cohort study aims to highlight the increased risks associated with a diagnosis of diet controlled GDM.

Cork University Maternity Hospital witnessed 628 GDM pregnancies in 2018. Of these, 65 primigravida subjects with diet controlled GDM were identified. Representing standard management, only maternal subjects whose labours were induced between 38 and 40 weeks' gestation were selected. The 72 maternal controls consisted of primigravidas who underwent spontaneous labour between 38 and 40 weeks' gestation. Subjects with underlying co-morbidities were excluded from both the diabetic and control cohorts. Maternal and corresponding neonatal data points were collected.

The number of diet controlled GDM patients requiring an emergency caesarean section was statistically higher than those who laboured spontaneously (OR 3.3, 95% CI 1.3-8.2). Neonates born to mothers with diet controlled GDM were at a statistically higher risk of both needing admission to the neonatal unit (OR 2.8, 95% CI 1.1-7.3) and of developing hypoglycaemia (RR 2.6, 95% CI 2-3.2).

In the otherwise healthy patient, diet controlled GDM is a predictor for increased maternal and neonatal morbidity. These increased risks conveyed by a diagnosis of GDM should not be underestimated by clinicians nor by patients alike.

6

EARLY SEVERE PREECLAMPSIA

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Abstract

Early severe preeclampsia is a rare condition associated with adverse maternal and fetal outcomes. We present a case of early severe preeclampsia at 16 weeks gestation in a patient without risk factors for preeclampsia.

A 33yr old, Para 1+1, booked at 12 weeks gestation with an uneventful pregnancy. Presented at 16 weeks gestation with a new onset hypertension and proteinuria associated with headache, nausea and vomiting and swelling in the extremities for 1 week. She had a booking Body Mass Index of 24kg/m^2 and is a smoker (2/day). No relevant medical or obstetric history.

Examination revealed face, hands and feet oedema associated with BP (blood pressure) of 161/91mmHg with proteinuria +3, isolated ALT 48U/L, Albumin 27g/dl, 24h urine collection 4.70, Hb 11.8g/dL and Na+ 126mEq/L. Had normal liver and renal Ultrasound. Transabdominal ultrasound scan revealed enlarged placental mass and abnormal cranial views.

Treatment involved labetalol, nifedipine and aspirin. *Maternal Fetal Medicine consultation in the* Coombe Women and Infants University Hospital was requested but in the setting of fulminant preeclampsia, increased requirement of antihypertensives, hyponatremia and increased symptoms, termination of pregnancy was recommended and managed with mifepristone followed by misoprostol with rapid clinical improvement in BP, proteinuria and symptoms. Karyotyping is awaiting.

Severe preeclampsia at less than 20 weeks should always be considered in the differential diagnosis of new onset hypertension and proteinuria in early pregnancy. Reports of such cases should increase clinicians' awareness of the atypical presentation of this dangerous disorder.

7

PROVIDERS' EXPERIENCE OF STIGMA FOLLOWING THE INTRODUCTION OF MORE LIBERAL ABORTION CARE IN THE REPUBLIC OF IRELAND.

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Abstract

In May 2018, the Republic of Ireland voted for the introduction of more liberal abortion care, allowing residents for the first time in the history of the state to legally end a pregnancy under 12-weeks '*without specific indication'*.

This study explored if the healthcare workers involved in providing abortion care have experienced stigma related to their participation in what is often referred to as '*dirty work'*.

Stigma was measured using the 35-item version of the *Abortion Providers Stigma Scale*. Demographic information, professional involvement in providing abortion care, and risk of burnout (measured by *Maslach Burnout Inventory*) were also collected. Linear regression modelling was used to explore potential demographic patterns in stigma. Data were collected between January to May 2020.

The survey was completed by 156 abortion care providers from the Republic of Ireland. Overall, the Irish providers reported low to moderate levels of stigma (m = 70.9, SD = 15.35) that were comparable to published studies that have used the same scale. In a regression model adjusting for gender, region, and proportion of clinical time spent providing, the hospital-based obstetricians (p = .005) and midwives (p = .017) reported significantly higher levels of stigma compared to the community-based general practitioners. Total stigma was not associated with burnout.

Irish providers face abortion stigma, much like their international colleagues. The finding that providers based in hospitals reported higher stigma than the community-based providers has implications for the field in Ireland and for research in this area.

8

A STUDY OF A VIRTUAL TELEPHONE GYNAECOLOGY OUTPATIENT CLINIC IN MIDLANDS REGIONAL HOSPITAL, MULLINGAR.

Oliver O'Brien, Michael Feely, Michael Gannon
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Abstract

The Covid-19 pandemic has created great pressure on national health systems. This has resulted in a need to re-assess and change work practices. A virtual clinic is defined as a planned contact by a healthcare professional with a patient/client for the purposes of clinical consultation, assessment, monitoring/management of healthcare conditions, provision of advice, and/or treatment planning. (HSE, 2020).

The aim of this study was to assess the referrals to a gynaecology outpatient clinic, the outcomes of a novel virtual telephone clinic and ultimately the ability of the telephone clinic to replace a traditional physical clinic.

This study was carried out via a chart review of the first 201 patients who had a consultation through the newly established virtual telephone gynaecology outpatient clinic in Midlands Regional Hospital, Mullingar.

Most referrals, 71.6% (n=144), were from GPs, with a mean waiting time of 204 days. The consultation phone call was answered by 86.6% (n=174), while 98.3% (n=171) of these were agreeable to a virtual consultation. The most common reasons for referral were menorrhagia (25.9%, n=52), pain (17.4%, n=35) and incidental radiological findings (14.4%, n=29). The major outcomes of the clinic were discharge (22.9%, n=46), referral for ultrasound (21.4%, n=43), list for theatre (21.9%, n=44), follow-up in virtual clinic (13.4%, n=27) and follow-up in physical clinic (8.0%, n=16).

The low proportion of patients requiring follow-up in physical clinic demonstrates that a virtual telephone consultation is adequate for the care of the majority of women in the gynaecology outpatient setting.

9

THE USE OF INDOCYANINE GREEN FOR SENTINEL LYMPH NODE MAPPING IN ENDOMETRIAL AND CERVICAL CANCER: AN INITIAL EXPERIENCE

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Abstract

The standard practice for high grade endometrial cancer and early stage cervical cancer staging is complete pelvic lymphadenectomy. However, lymphadenectomy procedures are associated with complications and morbidities. Sentinel lymph node (SLN) mapping has emerged as a promising method to spare node-negative patients from regional lymph node dissections. Conventional dyes such as blue dye and radiocolloids have known disadvantages. Indocyanine green (ICG) is an alternative dye which has gained attention in recent years for SLN mapping in gynaecological cancers.

The aim of this study is to report, up to the authors knowledge, the first experience of robot assisted ICG guided SLN mapping in endometrial and cervical cancer in an Irish centre.

This study is a single centre, case series design. Ethical approval was granted. Seventeen patients who met the inclusion criteria were enrolled using convenience sampling from September 2018 to December 2019. A standard dose of 1.25mg/mL of ICG was injected cervically. The da Vinci X system was employed for all procedures. After successfully identifying and removing SLNs, a complete pelvic lymphadenectomy was performed on all endometrial cancer patients +/- para-aortic lymphadenectomy. All lymph nodes were sent for ultra staging. The primary endpoints were overall (ODR) and bilateral detection rates (BDR).

ODR and BDR were 94% and 69% respectively. There was one false negative (FN) case. There were no adverse effects directly attributable to ICG.

Our study demonstrates that ICG guided SLN mapping is a feasible and safe method which achieves high overall and bilateral detection rates in endometrial and cervical cancer.

10

A RARE COINCIDENCE: A SECOND TRIMESTER ECTOPIC PREGNANCY FOLLOWING EARLY MEDICAL ABORTION

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Rotunda Hospital, Dublin, Ireland

Abstract

We describe a case of a woman who presented to a tertiary level maternity hospital following early medical abortion (EMA)with a positive pregnancy test and was subsequently discovered to have a second trimester ectopic pregnancy.

This case occurred during the COVID-19 pandemic and highlighted some relevant issues.

A 35 year old women presented 17 days following EMA with a positive pregnancy test. She had a history of a sleeve gastrectomy four months prior, with an erratic menstrual cycle. EMA was administered in the community based on last menstrual period, and a heavy vaginal bleed ensued. It was felt this was complete, but a pregnancy test was positive. On review in hospital, an ultrasound examination revealed an extra-uterine viable pregnancy at 14 weeks' gestation. This was treated with a laparoscopic unilateral salpingectomy, with a total blood loss of 600ml.

While an ultrasound examination is not a pre-requisite to EMA, it should be considered mandatory where dating is inaccurate. The lack of access to ultrasound, and lack of knowledge regarding the effects of concomitant medical conditions lead to inappropriate EMA administration at a later gestation, leading to failure. COVID-19 compromised care and lead to a temporary increase in remote teleconsultation which can compromise the information provided and care given.

We discuss the importance of appropriate assessment and evaluation of EMA cases, the diagnostic challenges of early pregnancy scanning, as well as the implications of the COVID-19 pandemic on the provision of care and how this affected this woman's care.

11

HERPES ENCEPHALITIS AND HEPATITIS IN PREGNANCY: A CASE REPORT AND LITERATURE REVIEW

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Abstract

Herpes encephalitis and hepatitis are uncommon conditions in the non-gravid patient, and even rarer in pregnancy, with under 20 cases reported in the literature to date. We delineate the natural history of this woman's condition and the diagnostic and therapeutic steps that were required to successfully treat this woman.

We present the case of a healthy nulliparous woman who presented with persistent fever, proteinuria and elevated transaminases at 33 weeks' gestation. Following initial treatment for suspected chorioamnionitis and potential evolving pre-eclampsia, she had a caesarean section delivering a healthy male infant. However, on her fourth post-operative day, she developed neurological symptoms and accompanying severe sepsis, necessitating inotropic support and transfer to a higher level of care. A comprehensive work-up revealed Herpes Simplex Virus-2 (HSV-2) in serum and cerebrospinal fluid. Abdominal imaging was suggestive of accompanying hepatitis. This lady recovered well following intravenous acyclovir treatment for fourteen days. Her infant was not affected and was discharged home with his mother.

Herpes Simplex encephalitis and hepatitis associated with HSV-2 has been described three times previously in the pregnant woman.

We delineate the diagnostic challenges that rare conditions such as this pose and emphasise the importance of multi-disciplinary care in managing complicated medical conditions in pregnancy.

12

EPIPLOIC APPENDAGITIS- A CHALLENGING DIAGNOSIS IN PREGNANCY; A CASE REPORT

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Abstract

Epiploic appendagitis is a rare condition in pregnancy. It is a difficult differential diagnosis to elucidate and thus can cause management challenges.

We describe a case of a 28-year-old woman in her second pregnancy who presented at 37 weeks' gestation with intractable right upper quadrant pain. Vital signs were normal, and abdominal examination revealed isolated right upper quadrant tenderness. Leucocytosis was found on haematological examination, with other parameters within normal limits. Given the lack of obstetric concern, surgical review and subsequent Magnetic Resonance Imaging were conducted but did not elucidate any cause. Thus, a concurrent exploratory midline laparotomy and Caesarean Section, revealed evidence of epiploic appendagitis.

The diagnosis of abdominal pain in pregnancy is challenging and early multi-disciplinary input is often required to expedite diagnosis and treatment.

While epiploic appendagitis can be managed conservatively, its diagnosis is often made intra-operatively, unless a high index of suspicion is maintained.

13

GYNAECOLOGY QUALITY IMPROVEMENT: ESTABLISHMENT AND ROLL-OUT OF VIRTUAL GYNAECOLOGY CLINICS

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Abstract

The Rotunda Hospital introduced and expanded an innovative gynaecology telemedicine clinic to provide the primary assessment and management of women with gynaecological problems. Through working with a coalition of identified stakeholders, we created a vision for change which was communicated throughout the organisation. When budgeted against a traditional face-to-face gynaecology clinic, a potential cost savings of over €74000 yearly was demonstrated.

Following a four week trial period, interim analysis demonstrated a notable improvement and this was expanded to encompass six months. Of the 383 letters that were re-triaged in total, 47% (180) were suitable for the virtual clinic. 16 clinical sessions were held over the five month period (limited due to the COVID-19 pandemic), and 15.25 patients per session (244 in total). 27.4% (36) of the first review patients were discharged following virtual review, with only 5 patients not being accessible by phone. When “new” and “follow-up” patients were tabulated, 38.1% (93/244) were discharged from the virtual clinic.

This demonstrates that the virtual clinic is an efficient, cost-effective and welcome addition to the infrastructure of the Rotunda, transforming gynaecological care offered to women.

Extrapolation of these figures, over a 52-week year, and 18 women discharged off the waiting list per week would decrease the waiting list by 936 per year, or an overall 33% reduction. This 33% reduction, while additionally saving a significant amount of money would ultimately allow women to access much needed expertise and care.

14

ASSESSMENT OF NCHD INDUCTION EXPERIENCES

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Abstract

BACKGROUND: NCHD training in Ireland is characterised by rotation to different departments. This rotation of doctors exposes the trainee to different subspecialties, styles of practice, and patient populations and offers important educational benefits in that regard. A corollary of training doctors in this way is the administrative and organisational impact on both hospitals and NCHDs that comes with the regular movement of medical staff. One way to try ameliorate this impact is the hospital induction.

PURPOSE: This project considers our local induction procedure, and what changes may be required for future groups of new NCHDs.

METHODS: 18 NCHDs, new to the Department of O&G at Our Lady of Lourdes Hospital, Drogheda attended a full-day of induction activities on 13th July 2020. Participants were asked to complete an anonymous questionnaire on evaluating their experiences and making suggestions for the following year.

RESULTS: Induction participants rated the sessions highly. Average scores were as follows: How useful was the day? 8.66. How good was the content? 8.22. How relevant was the material to you? 8. How helpful will the sessions be in your practice? 8.5. Satisfaction scores were consistently higher amongst SHOs and GP Trainees, compared to Registrars. Several suggested changes to the programme.

CONCLUSIONS: The results of this questionnaire indicate very high satisfaction with Induction. The enthusiastic response of NCHDs to this year's induction confirms it's importance, and its place in the wider NCHD education programme.

15

AN AUDIT OF POST-OPERATIVE CATHETERISATION DURATIONS IN GYNAECOLOGICAL ONCOLOGY PATIENTS AT GALWAY UNIVERSITY HOSPITAL.

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Abstract

Indwelling catheters are inserted prophylactically at the time of major gynaecological surgeries to minimize risk of urinary retention and facilitate accurate post-operative output measurements. There is currently little evidence available to determine the optimal duration for which catheters should remain in-situ. The Enhanced Recovery After Surgery (ERAS) Society recommendations (2019) state that catheters should be used but "for preferably less than 24-hours". Catheterisation is also a known risk factor for urinary tract infections (UTI).

The aim of the study was to audit the duration of post-operative catheterisation in major gynaecological oncology patients over a 6 month period at Galway University Hospital (GUH).

A single centre retrospective audit of patients undergoing surgery between July and December 2019 was conducted. Data was obtained from medical and nursing notes.

46 patients were included in the study. The average duration of catherization was 3.3 days. 70% of patients were catheterised for a period of 3 days or less with 28% of patients being catheterised for 24-hours or less. Additionally, 4 patients in the study had a confirmed UTI. The median duration of catherization amongst these patients was 3.5 days.

Overall, the average duration of post-operative catheterisation in GUH was found to be higher than the recommendations set out in the ERAS society guidelines. The most common reason for catheters to remain in-situ post a 24 hour period was concurrent use of epidural analgesia. More detailed studies need to be conducted to accurately determine the relationship between the duration of catherization and UTI development.

16

Clinical Audit on Diagnosis of Obstetrics Cholestasis in Maternity Services, Our Lady of Lourdes Hospital

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Our Lady of Lourdes Hospital, Drogheda, Ireland

Abstract

Abstract

Obstetric cholestasis is the most common pregnancy-specific liver disorder. Obstetric cholestasis is diagnosed when otherwise unexplained pruritus occurs in pregnancy. This can be accompanied with abnormal liver function tests (LFTs) and/or raised bile acids with full resolution after delivery. Over diagnosing lead to increase risk of induction of labor ,instrumental delivery and emergency caesarean section.

To compare the current practise in diagnosis of obstetric cholestasis in our department in Our Lady of Lourdes Hospital against the standard the Green top guideline no 11 Obstetric cholestasis RCOG.

A retrospective review of women diagnosed with obstetric cholestasis in 2018 was undertaken. The pregnancy records were reviewed and data collected using a specially designed audit tool. Descriptive statistics and frequencies were obtained and the results were compared to the standards outlined by the green top guideline.

3.1% women who delivered in 2018 were reported to have obstetric cholestasis. only 17% for them had other investigation to rule out other causes of abnormal LFT. Postnatal LFT(after 10 days of delivery) was ordered in 67% of cases to secure the diagnosis of obstetric cholestasis.

Our recommendation : we need to liaises with the lab and to put specific pregnancy ranges for LFT and bile acid. We need to remember obstetrics cholestasis is diagnosed after exclusion of all other causes of itching and increase of liver function test is excluded.

17

HOW ARE WE MANAGING FERTILITY IN YOUNG PATIENTS WITH ENDOMETRIOSIS IN IRELAND?

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Abstract

The surgical management of patients with endometriosis is complex. Surgery can improve fertilty in many instances but can be detrimental to ovarian reserve. Recent trends in reproductive medicine have reflected a tendency to recommend assisted reproductive treatments (ART) rather than surgery in women hoping to conceive.To date, there is no published research exploring the attitudes of health care professionals in Ireland towards the management of women with infertility and endometriosis.

We sought to explore the attitudes and practices of healthcare professionals, working in obstetrics and gynaecology in Ireland, towards surgery, assisted reproductive techniques and fertility preservation in women with endometriosis of reproductive age. We developed a scoping survey which was delivered via an online forum.

The response rate was 44%, almost 60% were consultants or senior registrars. Most respondants (98%) take age and fertility desire into consideration when planning treatment, 71% always perform ultrasound prior to operating, but <20% perform an AMH test, and only 20% discuss the impact on ovarian reserve routinely. Although most (87%) reported counseling women with moderate to severe endometriosis to consider starting a family, only 27% discuss fertility preservation with only 4% discussing egg freezing prior to complex surgery.

This preliminary study shows that there is significant heterogeneity in the management of women with severe endometriosis in Ireland. There is a low level of assessment of ovarian reserve and consideration of ART procedures such as IVF and egg freezing. This too may be related to the lack of public funding for these services.

18

PATIENT AND DOCTOR ATTITUDES TOWARDS OBESITY IN PREGNANCY

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Abstract

Obesity is the one of the most common medical conditions in women of reproductive age and is associated with significant risks in pregnancy, from gestational diabetes to difficulties with anaesthesia to long-term cardiovascular disease in the mother. Studies have suggested that healthcare professionals are inconsistent in addressing weight gain with antenatal patients, for a variety of reasons from discomfort to lack of knowledge on the subject.

This study aimed to assess antenatal patients' knowledge of the risks associated with obesity in pregnancy and to identify factors that hinder communication between patients and doctors on this issue.

Qualitative surveys were circulated to patients at their booking visits and to doctors working in the unit.

76 patients and 20 doctors were recruited to the study. 58% (n=44) of patients were overweight. Most patients (82%, n=62) reported being aware of the risks associated with obesity in pregnancy. Only 8% (n=6) said they would be upset if a doctor addressed their weight with them. 70% (n=14) of doctors did not address weight unless the patient's BMI was >35. The most common reason for not addressing weight was not wanting to upset the patient (20%, n=4), however only 35% (n=7) of doctors were aware of services available to offer to obese women.

Our results show that patients want healthcare providers to address weight management with them. Doctors should be prepared to discuss this and be able to provide appropriate support measures for obese obstetric patients.

19

EFFECT OF COVID-19 ON EMERGENCY PRESENTATIONS TO AN OBSTETRIC-GYNAECOLOGY DEPARTMENT

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Abstract

The global Covid-19 pandemic began in China in December 2019. The first case in Ireland was confirmed in February 2020. Studies have demonstrated that numbers of patients attending emergency departments fall during pandemics, as seen in Hong Kong during the 2003 SARS outbreak and in Korea during the 2015 MERS outbreak.

The aim of this study was to assess the impact of Covid-19 on emergency presentations to an obstetric and gynaecology tertiary department.

Records of emergency presentations to the department were accessed for a one-month period during the Covid-19 pandemic in 2020. Information was recorded regarding type of presentation and patient demographics. The same information was then collected from the corresponding time period in 2019.

The overall number of patients presenting to the department dropped from 637 in 2019 to 473 in 2020, representing a reduction of 26%. The most significant drop was seen in the early pregnancy and gynaecology presentations, which fell from 190 in 2019 to 103 in 2020, a reduction of 46%. Obstetric presentations fell from 447 in 2019 to 370 in 2020. There was also a reduction in the number of patients attending from outside the county of Galway in 2020.

The reduction in numbers is most likely due to patient unwillingness to attend hospital in the setting of a pandemic. The reduction in early pregnancy and gynaecology attendances suggests that, going forward, there may be a way of managing these presentations outside of the acute setting that would benefit patients and the health service alike.

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PATIENT ATTITUDES TOWARDS MEDICAL STUDENT INVOLVEMENT IN OBSTETRICS AND GYNAECOLOGY

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Abstract

PATIENT ATTITUDES TOWARDS MEDICAL STUDENT INVOLVEMENT IN OBSTETRICS AND GYNAECOLOGY

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The aim of this study is to assess patient attitudes towards medical student involvement in their Obstetric and Gynaecologic care. Previous studies conducted internationally have shown that students often report low levels of involvement and exclusion in the specialty. Yet, studies have also shown that in general, patients have positive attitudes towards student involvement. Given the lack of data available in Ireland, the purpose of this current study is to further our understanding of the attitudes women in an Irish health care setting have towards medical students.

This was an observational study performed at Our Lady of Lourdes Hospital in Drogheda, Ireland that used self-administered surveys to assess patient level of comfort with students either observing or performing clinical skills in the inpatient and outpatient setting. These included observing or performing history taking, abdominal exam, vaginal exam, vaginal delivery, and observing caesarean section.

A majority of the women surveyed would allow students to observe all clinical skills. Only 18% of patients would not allow a student to perform a vaginal exam, 25% would not allow a student to perform a vaginal delivery. Increased age appears to be a greater determinant of higher comfortability than parity.

Obstetrics-gynaecology patients in an Irish health care setting are willing to involve medical students in their care. Majority of the patients involved in this study are comfortable with student involvement, whether in an observational or hands-on capacity.

21

ASSESSING STAFF UNDERSTANDING OF NIPT FOR FETAL RHESUS STATUS AND ITS CLINICAL IMPLICATIONS

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Abstract

Assessing fetal rhesus status antenatally using cell-free fetal DNA, is a non-invasive prenatal test (NIPT) which allows targeted administration of anti-D during pregnancy to the 61% of rhesus negative women with a rhesus positive fetus, therefore avoiding unnecessary administration in 39%. A small number of Irish maternity units are utilising this technology, and the Irish Anti-D Working Group strongly recommends assessment of its feasibility. NICE recommends high-throughput NIPT, while recognising that barriers to implementation include staff knowledge.

This study aims to assess staff knowledge of haemolytic disease of the newborn (HDN), anti-D, and NIPT.

A cross-sectional study was performed, using an online survey. The target population was midwives and obstetricians of all grades in UHG. Participants were invited to complete the 13-question survey anonymously.

Thirty four participants completed the survey, 68% were midwives and 32% were obstetricians. The majority rated their knowledge of the pathophysiology of HDN as average, while 9% rated their knowledge as below average or poor. All participants were comfortable explaining the indications for routine-antenatal anti-D prophylaxis to pregnant women. Knowledge of NIPT for fetal rhesus status was below average or poor in 47%, while 35% were slightly or not comfortable explaining the indications for NIPT to women, and 41% were slightly or not comfortable explaining the results.

Almost a half of staff were uninformed about NIPT for fetal rhesus status, and over one third were uncomfortable explaining its indications and implications. This study highlights the importance of staff education prior to successful implementation of this technology.

22

A CASE OF APPENDICITIS THAT LEAD TO APPENDECTOMY IN PREGNANCY

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Abstract

Appendicitis during pregnancy is uncommon but can have severe consequences especially for the fetus. Acute appendicitis is suspected in 1/600 to 1/1000 pregnancies and confirmed in 1/800 to 1/1500 pregnancies.

We report case of a 31 year old G3P2+1 (previous 2 caesarean sections), uneventful antenatal course, presented at 24 + 4 weeks with upper abdominal pain associated with nausea. On examination tenderness was demonstrable in epigastrium and right hypochondrium, CTG was normal. She refused admission at that stage but returned 4 hours later with worsening abdominal pain and vomit. She was admitted for symptomatic management however her pain worsened overnight and she was reviewed by surgical team as well who suspected it to be acute cholecystitis or high lying inflamed appendix.

Subsequent morning ultrasound was done in which no evidence of acute cholecystitis was seen although appendix could not be visualized and an MRI was planned. At this stage the pain migrated to right inguinal ligament and kept deteriorating. Obstetric ultrasound was normal.

She had MRI done on subsequent day findings on which were consistent with acute appendicitis. She underwent laparotomy on the same day and intraoperatively high appendix with necrotic base, close to gallbladder wrapped in omentum filled with pus was seen and appendectomy was done. Subsequent antenatal period was uneventful and she had elective caesarean section at term.

Since pregnant women are less likely to have classic presentation of appendicitis therefore high index of suspicion is required for correct diagnosis.

23

Clinically Suspicious Cervix: The Impact of the Cervical Screening Crisis in Ireland

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Abstract

In 2018, Cervical Check became the focus of both public and media scrutiny when a successful High Court Case was taken against Clinical Pathology Laboratories for an allegedly incorrectly reported smear test in a patient who subsequently developed cervical cancer.

We aimed to explore the impact of what has become known as the 'Cervical Check scandal' on referrals and clinical practice, as well as the diagnostic yield of the clinically suspicious cervix.

A retrospective review of patient records was performed for patients referred to our unit over a six-month period from January to June 2019 when the 'suspicious cervix' category was selected as reason for referral.

There was a significant increase in total referrals in the 2 years following the increased media coverage of the screening programme, most notably those for a clinically suspicious cervix (219% between 2017 and 2018).

The colposcopic impression was normal in 58% (n=72). 65% of these were biopsied. 40 patients were thought to have low grade changes on colposcopy, 5 high grade, 6 'other' and 1 SCC of cervix. 99 biopsies in total were performed on initial assessment (80% of patients). 14 patients (11%) were discharged on initial review in colposcopy.

The increase in referrals to colposcopy with a suspicious cervix may reflect patient and physician anxiety resulting from increased scrutiny of the Cervical Check Programme. The high rate of biopsies performed on the colposcopically normal cervix may also reveal an influence on colposcopy practitioners.

24

THE USE OF METHOTREXATE IN THE MANAGEMENT OF ECTOPIC PREGNANCY: AUDIT OF PRACTICE IN ROTUNDA MATERNITY HOSPITAL 2019

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Abstract

Methotrexate (MTX) is recommended as first line treatment for women with unruptured ectopic pregnancies <35mm in size. Success rates for single dose of MTX in tubal ectopic pregnancy range from 65-95%, with 3-27% needing a second dose (1, 2).

The aims of this audit were:

1. Identify how many patients received MTX for the treatment of suspected ectopic pregnancy in the Rotunda in 2019.

2. Determine if patients who were treated with methotrexate were appropriately selected.

3. Investigate if their follow up conformed to hospital and international guidelines.

This was a retrospective audit carried out between 1st January 2019 and 31st December 2019. The population chosen was any patient who received MTX for suspected ectopic pregnancy during this time periods. Patients were identified using the pharmacy logbook of all MTX prescriptions dispensed. A chart review was performed and relevant data pertaining to ultrasound scans, blood sampling and outcomes obtained.

Fifty patients were identified as having received MTX between 1st January and 31st December 2019. A Departmental Ultrasound was performed in 100% of cases prior to administration of MTX, 50% had an adnexal mass present and in 100% of these the mass was <35mm in size. Following administration, a second dose of MTX was required in 4%, laparoscopy in 6% and a Day 4 & Day 7 ßHCG was recorded in 100%.

Methotrexate is a safe and successful treatment in appropriately selected women and the levels of intervention (second dose and/or laparoscopy) are equal to the minimum recommended worldwide.

25

AUDIT OF IRELANDS FIRST MANUAL VACUMN ASPIRATION CLINIC

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Abstract

Ireland's first Manual Vacuum Aspiration (MVA) clinic was established in the Rotunda Hospital in 2020. MVA is a safe and effective alternative method for surgical management of early miscarriage or termination of pregnancy. It is performed in the outpatient setting under local anaesthesia, reduces patients waiting time for definitive surgery and duration of time in hospital and avoids potential morbidity relating to general anaesthesia (1-4).

The aims of this audit were:

- Identify how many women had MVA in the Rotunda in the first four months the service was available
- Identify complication rate following MVA and need for further intervention
- Identify failure rate of MVA and need for further intervention

This retrospective audit was conducted in September 2020. The population chosen was any woman who had undergone MVA procedure in our unit from 21st April 2020 to 21st August 2020 inclusive.

Twenty-one women were included in this audit. The indication for MVA was retained tissue in 17 women (81%) and an Intact Gestational Sac in 4 women (19%). MVA was successfully completed in all cases with no immediate complications or admission to hospital required. Following the procedure, no women had emergency attendance or requirement for an emergency ERPC in the subsequent seven days. Further review was required in 4 women (19%) and further treatment required in two women (9.5%).

MVA a safe and successful treatment option for the management of early pregnancy complications in appropriately selected women. It should continue to be offered to facilitate women's choice and autonomy of decision making.

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MEDICAL MANAGEMENT OF FIRST TRIMESTER MISCARRIAGE; A QUALITY IMPROVEMENT PROJECT

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Abstract

Medical management is a safe option for the management of first trimester pregnancy miscarriage that involves administration of misoprostol. Recent studies have demonstrated increased efficacy with administration of mifepristone prior to misoprostol. Supported by national bereavement guidelines, we implemented this change of practice in our unit in June 2020.

To evaluate the addition of Mifepristone in terms of efficacy of medical management of first trimester miscarriage in our unit, we compared the results of a baseline retrospective audit conducted from October-December 2019 (n=79), to that of a repeat audit conducted from July-September 2020 (n=50). Women that had attended the Early Pregnancy Unit (EPU) of the Rotunda Maternity Hospital with a confirmed diagnosis of anembryonic pregnancy or fetal demise <12 weeks gestation who elected to undergo medical management as the primary treatment modality were included.

Comparison of the two audits revealed the incidence of successful treatment i.e.; complete evacuation of the uterus, increased from 53% (n=42) to 84% (n=42) following the implementation of Mifepristone. Emergency presentation in the next 7 days reduced from 15% (n=12) to 6%(n=3) while the requirement for emergency ERPC in the next 7 days reduced from 6%(n=5) to 2%(n=1).

Treatment with mifepristone plus misoprostol is more effective than misoprostol alone in the management of first trimester miscarriage. Women with a miscarriage should be offered mifepristone pre-treatment before misoprostol to increase the chance of successful miscarriage management, while reducing the need for miscarriage surgery.

27

THE ROLE OF ANTENATAL IVIG FOR RECURRENT RHESUS DISEASE.

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Abstract

Haemolytic disease of newborn(HDFN), caused by red blood cell isoimmunisation can have devastating consequences in pregnancy. The mainstay of treatment is performing an intrauterine transfusions(IUT). A potential adjuvant treatment is the administration of antenatal intravenous immunoglobulin(IVIG) to prevent early onset disease and delay the need for an IUT.

We present two cases where IVIG was used early in pregnancy to prevent severe, early onset HDFN in patients with a history of rhesus disease. Both had previous pregnancies affected by HDFN, including one neonatal death(NND) and while the other had 3 affected pregnancies, one requiring a first IUT at 21 weeks with a fetal haemoglobin of 2.

In Case 1 IVIG was at commenced 15+0 weeks' gestation and did not require an IUT until 25+0 and had 2 IUTs in this pregnancy. In her previous pregnancy required IUT at 21+0 and a total of 4 IUT procedures.

In Case 2 IVIG was initiated at 12+0 weeks, and no IUT was required, compared to two previous pregnancies, one of which resulted in a NND, and another which required 2 IUTs.

In both cases the development of HDFN was delayed and the presentation less severe in subsequent pregnancies treated with IVIG. These case reports are in keeping with other reported cases and adds weight to use of adjuvant IVIG. We acknowledge that until a multi-centre RCT is conducted this expensive therapy should be considered only in an individual basis, in cases of potentially severe, early onset HDFN.

28

Clinical Audit on risk assessment of Venous Thromboembolism during pregnancy and puerperium in Mayo University Hospital

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Abstract

abstract

Deep venous thrombosis and pulmonary embolism remain an important cause of maternal morbidity and mortality in developed nations. Approximately 25% of events are PE's, and of these, approximately 1 in 40 is fatal. It is therefore important that staff dealing with women during and after pregnancy are not only able to recognise the features of acute VTE so that prompt diagnosis and treatment can occur, but also that they are familiar with the risk factors for VTE so that preventative treatment can be offered.

To compare the current practise in risk assessment of Venous Thromboembolism during pregnancy and puerperium in our department in Mayo University Hospital against the standard the Green top guideline No 37a Reducing the risk of Venous Thromboembolism in pregnancy and the puerperium RCOG.

A prospective review of all women delivered between mid August till end of August 2020 was undertaken. The pregnancy records were reviewed and data collected using a specially designed audit tool. Descriptive statistics and frequencies were obtained and the results were compared to the standards outlined by the green top guideline

All women had risk assessment done with booking visit. But postnatally approximately one third of women risk assessment not repeated for them.

There is clear evidence that doctors and midwives find existing risk scoring systems difficult to apply in practise. There is need for development of a tool to make the current risk assessment simpler and more reproducible.

29

EVALUATION OF THE SAFE PRESCRIPTION HABITS OF MHRP OBSTETRIC TEAM

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Abstract

Prescribing errors are a major source of morbidity and mortality and represent a significant patient safety concern. Evidence suggests that trainee doctors are responsible for most prescribing errors.

The aim of this clinical audit was to investigate the prescribing habits of trainee doctors and administration by the midwives and assess its safety.

Data was collected prospectively on 20 random patients kardex's, at 4 weeks interval, in the maternity ward of Midland Regional Hospital Portlaoise according to HSE Code of Practice for Healthcare Records Management 2012 which comprises of 20 criteria.

100% compliance was found for the following HSE criteria: basic Patient information, drug generic name, black pen, dose, units, frequency, IV Fluids prescription in Fluids section, start and stop date and prescriber signature. 95% of prescriptions were legible with appropriate record of routes and time of administration. Discontinuation of a prescription had 95% compliance with a vertical line. Drug allergies were recorded 80% of the time. 70% of the kardex's had the signature of the professional that administered the drug. On the downside, there was a poor compliance with the record of patients weight and height (25%) and prescriber IMC (15%).

Even with a thorough knowledge of medicines, prescribing errors can still be made, especially when attention is diverted. Multiple factors contribute to lapses – busy workload, time pressures and poor team communication. On undertaking this audit we were able to identify areas that need improvement. We are planning an educational session and will re-audit in the near future.

30

THE EFFECTS OF THE COVID-19 PANDEMIC ON SEVERE MATERNAL MORBIDITY AND THE IMPORTANCE OF CONTEXT: A REVIEW OF MAJOR OBSTETRIC HAEMORRHAGE IN A LARGE DUBLIN MATERNITY HOSPITAL FROM JANUARY TO JUNE 2020

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Abstract

Major Obstetric Haemorrhage (MOH) is a leading cause of Severe Maternal Morbidity (SMM). The National Perinatal Epidemiology Centre (NPEC) reviews SMM and MOH yearly, defining MOH as an estimated blood loss ≥2.5L, transfusion of ≥5units blood or treatment for coagulopathy.

The aim of this specific audit was to compare MOH data from a large, stand-alone maternity hospital in Dublin from January to June 2020 to a similar period in 2019. A secondary aim was to review change in MOH management due to the COVID-19 pandemic. From March 2020, fibrinogen concentrate was given once blood loss exceeded 1litre.

Cases were identified from hospital databases and electronic medical systems and clinical data was recorded and analysed using SPSS. Reference was made to pre-COVID-19 Major Haemorrhage Protocol and COVID-19 guidance.

Twenty-five cases of MOH were identified in the 2020 period (6.88 per 1000), compared to nine (2.11 per 1000) in 2019. In the 2020 period, fourteen patients met NPEC criteria exclusively due to treatment with fibrinogen whereas in the 2019 period, all patients receiving fibrinogen met additional NPEC criteria. On analysis of these fourteen cases with retrospective application of pre-COVID-19 protocol, ten cases would not have received fibrinogen. Adjusting for this change in protocol, no statistically significant difference was observed between the rate of MOH in January-June 2020 and 2019, $p>0.05$.

Qualitative review alongside quantitative analysis is important in understanding and explaining trends across rates of SMM, particularly given the indirect and direct effects of the COVID-19 pandemic on clinical practice.

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IMPLEMENTATION OF A NEW CYTOGENETIC TESTING REGIMEN IN PREGNANCY LOSS AT A TERTIARY MATERNITY HOSPITAL IN CORK, IRELAND

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Abstract

Cytogenetic testing of products of conception is recommended in cases of recurrent or late miscarriage, and stillbirth. The tertiary genetics laboratory which CUMH utilises, changed their testing regimen in mid 2019, with an associated change in cost. Changes were also implemented to submission and reporting processes at this time.

This study examined both old and new testing with regards appropriateness of testing, clinical details included, testing failures and results obtained.

All tests from January 2018 to November 2019 were identified from a cytogenetics tracking database (n=389). The change from old (290/389) to new (99/389) testing occurred in May 2019. Data were collected from laboratory reports and individual e-chart reviews, and were then compared across regimens.

No difference was seen in the numbers of tests outside of recommended indications; 21.4%(62/290) of old tests, and 16.2%(16/99) of new tests ($\chi 2$ 1.241,P=0.27). Nor was there a difference noted in inclusion of clinical information ($\chi 2$ 0.005,P=0.95). The rate of detection of abnormalities was found to be similar; 42%(113/269) of old tests and 34.9%(30/86) of new tests ($\chi 2$ 1.362,P=0.24). The most common results remained Triploidy (5.6% old,7% new) and T21 (4.5% old,5.8% new). 7% of tests failed in both groups, predominantly due to sample collection error.

This study identifies possible areas for improvement in sample collection and education around appropriate testing. To date no significant change has been noted in transition between regimens, this may change with a larger sample size for the new regimen, or with the impact of Covid-19.

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A PROFILE OF EMERGENCY OBSTETRIC & GYNAECOLOGICAL ATTENDANCES AT SOUTH TIPPERARY GENERAL HOSPITAL (STGH) DURING THE INITIAL STAGES OF THE 2020 COVID-19 PANDEMIC

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Abstract

During the start of the 2020 Covid-19 pandemic, fewer presentations were noted across Irish emergency services. There have been concerns that higher morbidity and mortality may result from changes in access to healthcare. At STGH, emergency OBGYN care is available via the Early Pregnancy Assessment Unit (EPAU) and Labour ward (LW).

This study aimed to review emergency attendances at STGH from 01/01/20 to 30/06/20, in order to determine potential changes in access to care due to the pandemic.

EPAU and LW attendance logbooks were used to compile information regarding all unscheduled visits during this period. Information was collected on timing and type of visit, referral route, and presenting complaint.

There were 1001 emergency presentations in this timeframe, of which 62.8%(629/1001) attended the LW, and 38.2%(382/1001) attended EPAU. Attendances were 86.8%(869/1001) obstetric, and 13.2%(132/1001) gynaecological. 66.3%(664/1001) of presentations were out-of-hours. Where a route of referral was noted, 52.4%(365/696) were from the Emergency Department, and 36.9%(257/696) were direct self-referrals. The most frequent presenting complaints were first trimester bleeding (11.9%, 119/1001) and SROM (11.4%,114/1001). Only 3 presentations were noted to be possible Covid-19 cases. When comparing daily attendance numbers before restrictions, and at varying levels of restriction, no significant differences were found ($F(3/106)=2.146$, $P=0.09$).

While it is reassuring that no change was noted in numbers accessing services during the initial pandemic, it is worth bearing possible risks in mind as we go in to winter and a potential second wave.

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EFFICACY OF PROPESS VS PROSTIN FOR PRIMIPAROUS CASES INDUCED BETWEEN OCTOBER 2019 TILL FEBRUARY 2020 IN LETTERKENNY UNIVERSITY HOSPITAL (LUH), IRELAND

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Abstract

Prostaglandins have been used for induction of labour (IOL) since the 1960s. There is shortage of Prostin since 2015. Hence, Propess is now considered to be the product of choice for IOL, internationally. Following this trend, LUH also reintroduced Propess as preferred IOL method from October 2019.

The purpose of this study was to evaluate the effectiveness of Propess® vs Prostin in primiparous cases.

This was a retrospective study using electronic system to gather data on the cases. Soalta and NICE Guidelines (2019, 2007) were used as standards.

Over a period of 5 months, 34 primiparous cases were induced. Of these inductions, 53%(n=18) had Propess and 47%(n=16) had Prostin. All with Propess went into labour vs 81%(n=13) of the Prostin cases. Fewer cases in Propess group had vaginal deliveries (VD) (44%(n=8) vs 56%(n=9)). Lower segment caesarean section (LSCS) due to failure to progress (FTP) with Propess was 50%(n=9) vs 19%(n=3) in the Prostin group. Maximum time from IOL till commencement of labor in Propess was approximately 84hrs vs 48hrs in prostin. Also, only 33%(n=6) vs 50%(n=8) in Propess group had VD within 48hrs.

In conclusion, the efficacy of Propess in achieving successful IOL is better however it is a slower process with low rates of VD. Propess was also shown to have a higher FTP LSCS rate. The longer time required from induction to delivery, the price and higher LSCS rates make Propess a more expensive way to induce labour.

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TERMINATION OF PREGNANCY: A YEAR IN REVIEW IN A TERTIARY MATERNITY HOSPITAL

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Abstract

On the 1st of January 2019, a new termination of pregnancy service was introduced in Ireland. Many healthcare professionals expressed concern regarding the ability of maternity hospitals to provide care without sufficient planning, increased funding or resources.

This audit aimed to examine data from all cases of early pregnancy medical terminations (<12 weeks gestation) during the first year of the service in a tertiary maternity hospital to understand the demands on existing services, the care provided and potential areas for improvement.

Data from all women referred to the hospital for an early pregnancy termination in 2019 were included. Information including demographics, estimated gestational age (by dates and by scan), date of admission and medication administration, outcomes and complications were entered to an excel database. Frequencies and means were used to describe the data and Pearson's correlation was used to investigate the relationship between variables.

A total of 42 women received early termination of pregnancy care in this hospital in 2019. Differences in care between women were seen in medication administration timings, time between the initial appointment and admission, length of stay, management of retained products, review processes and follow-up.

Our findings may reflect the difficulties faced in secondary care to adapt services, organise resources, implement infrastructure and provide training. It is vital that clear protocols are in place and necessary resources are provided to ensure a standardised delivery of care that protects the well-being of both staff and women.

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REVIEW OF IRELAND'S PERINATAL MORTALITY AUDIT REPORTS (2009-2017)

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Abstract

The National Perinatal Epidemiology Centre (NPEC) publishes annual Perinatal Mortality (PM) Audit Reports, monitoring adverse perinatal outcomes, risk factors and forming recommendations to improve obstetric care.

This study reviews these reports' main findings and recommendations and presents data on clinicians' awareness of these.

Two researchers reviewed all 9 publicly available NPEC PM audit reports (2009-2017), using a structured review tool. The format, content, and reports' recommendations were analysed. An electronic survey was distributed to Non-Consultant Hospital Doctors (NCHDs) in Irish maternities examining their use and understanding of the PM reports.

All 19 Irish maternity units submitted PM data to NPEC from 2009 to 2017. From 2011, 21 recommendations were introduced, 67% of these reiterated in subsequent reports. Six of seven reports recommended improved detection of foetal growth restriction antenatally. Findings show that parents declined post-mortems in 35%-46% of cases where these were available. The recommendation to increase research into factors affecting autopsy uptake was present in all 7 reports. Reporting on intrapartum events started in 2012, prompting recommendations for in-depth case reviews. Only half of the 25 NCHDs responding to the survey had read a National PM report and agreed on its relevance to clinical practice. PM reports were accessed for their recommendations (36%) or skimmed on their release (44%).

PM audits are critical in highlighting areas in need of change to improve PM outcomes. A standardized method for follow up of recommendations with support from relevant national organisations would be essential, alongside increasing clinicians' awareness of the reports.

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THE QUALITY OF ONLINE INFORMATION FOR PREGNANCY WOMEN WITH INFECTIOUS DISEASES IN IRELAND AND UNITED KINGDOM

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Abstract

Patients frequently use the internet to source information about medical conditions. Health literacy can be a serious barrier to patient understanding, adherence and healthcare engagement including those with infectious diseases (IDs). The readability of online antenatal healthcare information relating to infectious diseases is unknown.

Online antenatal information about eight IDs in pregnancy was assessed for readability.

Using the Google® search engine the following IDs: HIV, HPV, herpes, hepatitis B, hepatitis C, syphilis, chlamydia, and gonorrhoea, combined with 'pregnancy' were searched. Information sources from the first page of the searches were assessed for readability using: the Simple Measure of Gobbeldygook (SMOG) score; the Gunning Fog Index (GFI), and Flesch Reading Ease Score (FRES). Statistical analysis completed with Prism GraphPad.

152 search results were yielded with a 65.8% (n=102) overlap between the UK and Ireland. 23.7% (n=36) of webpages were from peer-reviewed journals, 13.8% (n=21) from national health services, 38.8% (n=59) from international health institutes and 23.7% (n=36) from other websites including: news sources, charities, clinics, blogs or online medical services. There were poor readability scores across all FRES, SMOG and GFI. The most readable webpages were from government-related health-service providers. HPV and HIV related online information had the best readability, while syphilis and gonorrhoea had the poorest readability.

Websites providing antenatal health information on common IDs are not universally readable. Internet sources of health information sources should be made more accessible for antenatal patients, and healthcare professionals should be aware of appropriate, accessible internet-based information sources.

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VENOUS THROMBOEMBOLISM SECONDARY TO AN ENLARGING FIBROID - A SUCCESSFUL MULTIDISCIPLINARY MANAGEMENT

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Abstract

Leiomyomas are benign common uterine growths with multiple management options now available. Laparoscopic or hysteroscopic myomectomy is an established procedure for fibroids causing menorrhagia, recurrent miscarriages and infertility. The rate of venous thromboembolic events, both deep venous thrombosis (DVT) and pulmonary embolism (PE), is higher in women with larger leiomyomas.

This was a retrospective case study of a woman that presented to a tertiary university hospital. Healthcare records were assessed for medical notes, management and radiological imaging reviewed.

A 38 year old woman presented initially with unilateral lower limb swelling for the previous six days. She had a history notable for menorrhagia and a fibroid uterus, which was identified when she was trying to become pregnant through *in vitro fertilization* three years previously measuring 8cm at its largest diameter. On this presentation venous duplex revealed an extensive left iliofemoral DVT extending to the popliteal veins. A CT venogram showed that the uterine fibroid, now measuring 21cm at its largest diameter, was compressing the distal inferior vena cava and the left common iliac vein. She received management recommendations from vascular surgery, hematology and gynecology, and was anticoagulated, including localized thrombolysis to treat the DVT before undergoing a successful myomectomy. There was no cavity breach during the myomectomy.

The patient's subsequent recovery period has been unremarkable, with completion of three months of anticoagulation. She is discussing attempting further conception with her obstetric team. We recommend a low threshold for interval monitoring of leiomyomas and subsequent sequelae including menorrhagia, anemia and DVT.

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CASE REPORT; MIRROR SYNDROME CAUSING PROTEINURIC HYPERTENSION AT 20 WEEKS GESTATION

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Abstract

CA was a 39 year old primip transferred to our tertiary referral unit at 20 weeks gestation with new-onset severe hypertension and Proteinurea (PCR=80).

She initially presented to her local hospital with a 1 week history of general malaise, shortness of breath, orthopnoea and headache. She was initially managed as LRTI due to respiratory symptoms.

Blood pressure was controlled with IV Labetalol and Magnesium Sulphate. On presentation to our unit, her reflexes were normal, blood pressure was controlled, and she denied headache, blurred vision, or visual disturbances. Chest auscultation revealed crepitations bilaterally and reduced air entry.

Chest X-Ray showed moderate right-sided effusion, and oxygen requirements increased to 10Ltrs nasal flow to maintain saturations.

Ultrasound subsequently showed a grossly hydropic placenta, foetal hydrops, and an intrauterine death.

Chest drain was sited to relieve symptomatic pleural effusion, medical induction of labour commenced, and delivery occurred within 12 hours.

Patient's clinical condition improved following delivery, and she was quickly weaned from antihypertensives, her pleural effusion resolved, and oxygen requirements decreased.

Histology later showed a singleton pregnancy with confined Partial molar placental mosaicism.

Her LFTs, Renal Profile, and HCG promptly returned to baseline postnatally.

This case is an unusual presentation and aetiology of Mirror Syndrome presenting at an early gestation. It provides many valuable learning points, but especially highlights the vigilance required when pre eclampsia symptoms present at an early gestation, due to rapid clinical deterioration. Multi-disciplinary care is essential in a high-dependency environment in order to provide the best outcomes for patients.

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Documentation of the Indication for Red Blood Cell transfusion and Maternal Consent in non-acute settings in a Tertiary Maternity Hospital; An Audit

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Abstract

Background

Studies show that in post natal patients requiring red cell transfusion, only 9% of patient notes document that consent for transfusion had been sought.

Aims

The aims of this audit were to identify

(1) number transfused postnatally over the study-period
(2) the indications for transfusion.
(3) documentation regarding risks and benefits of transfusion.

Methods

This was a retrospective audit of patient's charts from 1/1/20 to 30/6/20.
Inclusion criteria were all post natal patients who received a blood transfusion on a postnatal ward. Information as above was assessed.

Results

31 cases were identified. Transfusions were prescribed an average of 1.45 days postnatally, with a range of 0-5 days. 22.5% required 2 units of RCC. The mean pre-transfusion haemoglobin was 71, with a range of 63 to 78. Following transfusion, the mean Hb was 80, with a range of 73 to 105. Clear documentation of the indication was present in 87% of charts. 61% of charts had no clear documentation of the clinician discussing the need for transfusion, risks, or benefits with the patient.

Conclusions

There was thorough documentation of indication for transfusion.

Doctors appear less likely to document a discussion regarding consent to blood transfusion in notes.

We hope that following this audit, a NCHD education session will result in improved documentation at time of transfusion, as we feel it is very likely that consent is sought at the time of clinical review.

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A RARE CAUSE OF DELAYED POST-HYSTERECTOMY VAGINAL HAEMORRHAGE: A CASE REPORT

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Abstract

We report a case of sudden vaginal haemorrhage on a background of a total abdominal hysterectomy (TAH), caused by pelvic varices secondary to portal hypertension.

A 64-year-old woman was air-lifted to A&E following a sudden vaginal haemorrhage of 750ml. Three months previously, she had a similar episode, receiving three units of blood. Her history included decompensated non-alcoholic cirrhosis, and oesophageal varices requiring endoscopic banding. She had four vaginal deliveries, and a TAH for endometriosis 39 years ago. On speculum examination, a large blood clot was evacuated, and the vaginal vault had a blue-tinged colour, consistent with bulging venous varicosities, with a small trickle of blood. Following examination she began to bleed heavily.

Direct compression was applied to the vaginal vault with gauze on a sponge forceps, followed by a vaginal pack. Vitamin K and tranexamic acid were administered intravenously, achieving haemostasis. On full blood count, the haemaglobin was 11.3, platelets 90, Fibrinogen 1.6. She was transfused with 4 units of fresh-frozen plasma. Computed tomography showed varices of the left inferior mesenteric vein in the left iliac fossa, with small varices to the right of the vaginal vault.

Percutaneous embolisation of the anterior division of the left internal iliac artery was performed. She received a transfusion of platelets, the vaginal pack was removed two days following embolisation, and she was discharged on day four. Three months later she reported no further vaginal bleeding.

This case demonstrates successful multidisciplinary management of a rare cause of vaginal bleeding in a postmenopausal woman.

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CLASSIFICATION OF URGENCY OF CAESAREAN SECTION; A RE-AUDIT OF CAVAN GENERAL HOSPITAL CLINICAL PRACTICE

Hannah Dunne, Salah Aziz
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Abstract

CLASSIFICATION OF URGENCY OF CAESAREAN SECTION; A RE-AUDIT OF CAVAN GENERAL HOSPITAL CLINICAL PRACTICE

Dr H Dunne[1], Dr S Aziz[1]

[1]Cavan General Hospital

For women requiring emergency Caesarean section, appropriate and timely delivery ensures the safety and well-being of both mother and baby. Classification of LSCS based on urgency of delivery allows for improved communication across multiple disciplines and efficient action. In order to ensure all members of multi-disciplinary teams agree and are aware of the classification used, clear documentation of category is essential. In 2018, an audit conducted in CGH showed discord between LSCS categories used by obstetric and anaesthetic staff. We conducted a re-audit to further assess this in 2019.

We performed a retrospective audit of obstetric charts among patients who underwent emergency Caesarean Section from January to April 2019. A proforma was developed to correspond with the original audit.

Compared to 2018 data, documentation of LSCS category had improved among both obstetric and anaesthetic staff, however still remained at <50% compliance. Time of decision for LSCS remained well documented, particularly by midwifery staff. The majority of cases showed matching categories used by obstetricians, midwives and anaesthetists. However, the results of the 2018 audit had yet to be presented at time of re-audit so limited conclusions could be drawn from this improvement.

This study highlighted the need for presentation of local audit results to allow for reflection on lessons learned. It also emphasised the need for clear and structured communication across disciplines, particularly in times of emergency.

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THE IMPACT OF THE COVID-19 PANDEMIC ON GYNAECOLOGICAL ONCOLOGY AT A TERTIARY REFERRAL CENTRE

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Abstract

Introduction

A global pandemic can have a substantial effect on healthcare resources resulting in deviations from standard practice. Limited resources can result in potentially life-saving surgery being postponed in addition to the risk of potential Covid-19 infection in the immunocompromised patient.

Aim

The aim of this audit was to ascertain whether the Gynaecological-Oncology Service at SVUH met the new framework outlined by the British-Gynaecological-Cancer-Society(BGCS) in relation to the care of patients diagnosed with a gynaecological malignancy during the SARS-CoV-2 pandemic.

Methods

A prospective audit was performed on all patients referred to the Gynaecological-Oncology Service from March-July2020. Data was collected anonymously using a standardised proforma and results evaluated using Microsoft Excel.

-Results

During this timeframe, 27patients were referred to the service. N=15 were Priority Level2 and n=12 were Priority Level3. No patients were categorised as Priority Level1a/1b.

Priority Level2 patients should be scheduled for surgery within 28days to prevent the progression of disease beyond operability. The mean waiting time for this cohort was 15days ranging from 5-30days.

Priority Level3 patients can have their surgery delayed by 10-12weeks with limited impact on survival. All patients in this category had their procedures performed within 4weeks of referral.

Conclusion

Our results demonstrate that all patients referred to the service were treated within the recommended timeframe set out by the BGCS “Framework for Care of Patients with Gynaecological-Cancer during the COVID-19 Pandemic”. We must reflect on the results of this audit and continue to build on experience gained to prepare for future large-scale disruption.

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Knowledge and attitudes of maternity hospital staff in Ireland about alcohol use during pregnancy

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Abstract

Prenatal alcohol exposure (PAE) is a cause of neurodevelopmental disorder in the foetus and results in permanent brain damage in affected individuals.Public and professional knowledge and awareness surrounding the dangers of alcohol consumption is limited.My study focused on evaluating opinions and knowledge of maternity staff in Ireland.This study sought to explore acceptability amongst staff of proposed measures to better screen for PAE.

A survey was designed and distributed in hard copy to all staff at work over a four week period in University Maternity Hospital Limerick (UMHL).

101 surveys were completed by maternity hospital staff members from all disciplines across the hospital.46.5% of staff surveyed agreed that Ireland has a problem with alcohol consumption in pregnancy.43% of participants believe that 25% of pregnant women continue to drink alcohol during pregnancy with 37% believing the percentage is lower at 10%. Over 86% if participants agreed that more needs to be done to educate the antenatal population on the dangers of drinking during pregnancy and that the Irish government should invest in public health interventions to increase awareness and reduce rates of children affected by FASD. 90% agreed that every hospital should have a referral pathway for any pregnant woman who wants intervention to help stop drinking.There were mixed feelings concerning the introduction of urine testing for alcohol in pregnancy.46% believe urine alcohol testing should be mandatory, 30% felt it should be a voluntary opt in / opt out service.Only 48% of staff members surveyed believe they have a good understanding of FASD.

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MORE THAN MEETS THE EYE - THE FIRST REPORTED CASE OF AN ENDOMETRIAL MESONEPHRIC-LIKE CARCINOMA WITH AN ISOLATED OCULAR METASTASIS.

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Abstract

Introduction

Choroidal metastases from gynaecological primaries are extremely uncommon. To our knowledge, this is the first reported case an of an endometrial mesonephric-like Carcinoma of the uterine corpus with an isolated ocular metastasis.

Case report

A 59-year-old woman presented with a subacute onset of right mono-ocular blurred vision. Fundoscopy revealed a dark irregular mass at the posterior pole of the right eye. A pre-operative staging CT-Thorax/Abdomen/Pelvis noted a 9.4cm uterine mass consistent with a fibroid. The patient underwent enucleation for a presumed choroidal melanoma however the histology indicated a dramatically different picture; namely a moderately differentiated adenocarcinoma.

CA-15-3, CA-125, CA-19-9 and CEA were considerably raised. Bronchoscopy, OGD, Colonoscopy and Breast MRI were inconclusive.

A gynaecological history and examination revealed a twenty-year history of intermenstrual bleeding (IMB), a bulky uterus and a non-tender right adnexal mass. Her IMB continued despite insertion of a Mirena Coil two years previous. Her previous smear was normal. A pipelle biopsy was performed which yielded high-grade malignant epithelial cells. US Pelvis confirmed a large myometrial mass. MRI revealed a 12.2x10.4cm uterine mass and two suspicious left sidewall lymph nodes. PET CT confirmed no activity outside the pelvis.

The patient underwent a total abdominal hysterectomy with right salpingo-oophorectomy. Histopathology concluded that these findings were consistent with mesonephric-like adenocarcinoma of the uterine corpus which was ultimately staged as FIGO Stage II, pT2N1M1.

Conclusion

This case highlights the importance of multidisciplinary input to provide high standards of care for patients with complex rare diagnoses.

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AN AUDIT OF THIRD /FOURTH DEGREE PERINEAL TEARS IN ST LUKES HOSPITAL-KILKENNY

samia azad, nageen naseer, nagaveni yuddandi
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Abstract

AN AUDIT OF THIRD /FOURTH DEGREE PERINEAL TEARS IN ST LUKES HOSPITAL-KILKENNY

S.Azad,N.Naseer

N.Yuddandi

Obs-Gynae SLH-KILKENNY

Perineal injury involving anal sphincter during vaginal birth is associated with postpartum morbidity and longterm consequences. Appropriately trained obstetricians will provide consistant high standard of suturing to minimise its longterm consequences.

To assess adherence to RCPI and RCOG guidelines.

The audit was on standards of record keeping practice for 3rd-n 4th-degree perineal tears and measured against (RCOG) and (RCPI) guidelines. 14 women sustained third- and fourth-degree perineal tears out of 1456 deliveries. A retrospective data was collected from the clinical records.

There were 13/14 (92%) third-degree tear and 1/14 (7%) fourth-degree perineal tear. 6/14 (42%) had normal delivery. 8 had instrumental deliveries. 12/14 (85%) were sutured in theatre. All women were referred for physiotherapy. Except 1 was not referred for a gynae out patient.7/14 neonate weight was > 4kg. None of the 14 women had previous third- and fourth-degree perineal tears. All women received antibiotics and laxatives. 9/14 (64%) had anal sphincters sutured with 3.0 PDS, 1/14 were sutured with 2.0 PDS and 3/14 no documention of suture. 5/14 overlap technique, 3/14 (21%) end to end technique and in 6 cases no technique was documented.

Annual audit of third/ fourth degree tears is important to recommend the standard of care agreed from the local guidelines to maintain 100% compliance with identification and management for these cases. There are gaps in the practice and reaudit with improvements have been introduced

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HOW CAN WE REDUCE THE NUMBER OF BLOOD TRANSFUSIONS IN OBSTETRIC PATIENTS? AN AUDIT OF ANTENATAL ANAEMIA AND POSTPARTUM BLOOD TRANSFUSIONS.

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Abstract

Anaemia affects 1 in 5 pregnant women. It increases the likelihood of postpartum haemorrhage and the need for blood transfusion. Implications of blood transfusion include the development of antibodies which can affect future pregnancies and transfusions.

The aim of this study was to audit the management of anaemia in obstetric patients in our hospital, particularly blood transfusion following postpartum haemorrhage.

We conducted a retrospective chart review of obstetrics patients who received a blood transfusion from January to July 2020 and audited against our local anaemia guideline: *Diagnosis and management of iron deficiency anaemia in pregnancy and postpartum*. The indications for blood transfusion are: Haemoglobin (Hb) less than, Hb greater than 7 with symptoms of anaemia.

There were 935 deliveries during this period. Twenty eight obstetric patients (3%) received blood postnatally, a total of 66 units of red cells were transfused. Fifty three percent of women were delivered by Caesarean section, 22% had an operative vaginal delivery. Of patients who were transfused, anaemia was identified in 39% at 28 weeks and 28% at 36 weeks. All received appropriate iron therapy. Haemoglobin was less than 7 in 17% and symptoms of anaemia were documented in 35%.

We found that anaemia is well managed antenatally but we identified areas for improvement in relation to postpartum blood transfusion. We have presented the findings of our audit locally, with a view to promoting the use of parenteral iron following postpartum haemorrhage and judicious use of blood transfusion. We plan to re-audit in 2021.

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Women's Experience of Pregnancy and Birth during the Covid-19 Pandemic: a Qualitative Study

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Abstract

AIM To explore pregnant womens' experiences of maternity care during the pandemic.

BACKGROUND The COVID-19 pandemic has changed the provision or healthcare services worldwide. As an optimal treatment or preventative mechanism to reduce the transmission of infection is yet unknown, healthcare practices have changed unrecognisably to protect the safety of healthcare workers, patients and their families.

METHOD A qualitative study involving 12 women was conductive using a grounded theory approach. Data were collected between April and July through in-depth interviews either in pregnancy or in the first 12 weeks after the birth.

FINDINGS Women described the challenges they faced with accessing information on the risk of COVID-19 to pregnant women including how to navigate the new restrictions. Women were critical of the failure of the maternity services to adapt to the new normal, indicating that this caused them to lose confidence in the care received. Many scheduled care appointments were conducted remotely and women found this dehumanised the experience as interactions with staff became de-personalised. Their main concern was the requirement to attend important consultations alone such as the ultrasound scan, when the potential to receive bad news was present or the fear that they would not have their partner present to support them during labour.

CONCLUSION Pregnancy has a significant temporal component and so maternity services need to respond to women's needs for information and support more rapidly and effectively. Women want more interactive and personalised communication from service providers to support them to cope with uncertainty.

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Pregnant in a Pandemic: How has COVID-19 impacted obstetric emergency department attendances in the Rotunda Hospital?

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Abstract

This study examined the effect that the coronavirus pandemic had on the number of obstetric emergency department (ED) attendances in the Rotunda Hospital.

As we enter a so called "era of pandemics," it is important to assess how this and future pandemics will impact hospital attendance by obstetric patients. Poor antenatal attendance is linked to a higher rate of perinatal mortality.

Administrative data on the number of obstetric patients attending the ED was retrospectively analysed. The number of patients that attended between January and July 2019 was compared to those that attended from January to July in 2020. These numbers were compared the number of officially reported coronavirus cases in Ireland.

The first reported case of coronavirus in Ireland was on the 29th of February. Following this, there was a significant decline in the number of emergency department attendances. March and April saw the greatest decreases – 24.1% and 27%, respectively. As cases of coronavirus decreased in May and June, ED attendances improved, falling by just 16.6% in May and 9.6% in June.

The impact of COVID-19 and the associated lockdown on obstetric ED attendances was significant. The true effect that this has had on maternofeotal health remains to be seen. Planning for future pandemic situations and educating women on the necessity of presenting to hospital when there is a genuine need will ensure that care is not compromised for obstetric patients in future similar situations.

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MANAGEMENT OF EARLY MISCARRIAGE IN A PERIPHERAL MATURNITY UNIT; EFFICIACY AND COMPLICATION RATES

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Abstract

Early miscarriage is a pregnancy loss ≤13 weeks gestation.[1] In Ireland 1 in 5 women experience miscarriages equating to approximately 14,000 miscarriages per annum.[2] Surgical uterine evacuation was the mainstay treatment for miscarriage. However, medical management with two doses of misoprostal in accordance with national guidelines[2], is an alternative option allowing women to avoid the risks of surgery.

- The number of patients who completed medical management who required further management; either repeat medical management or surgical evacuation.
- The proportion of patients who had surgical evacuation and required further surgical management.

Data from July 2019 to July 2020 was collected retrospectively. Patients who experienced a missed and/or incomplete miscarriage ≤13 weeks gestation were included. Incomplete miscarriage was defined as the presence of retained products of conception or endometrial thickness ≥15mm on ultrasound. Antenatal inpatient and ERPC logbooks were inspected for relevant patients. Clinical notes were reviewed and relevant information was collected.

During the study period, 74/141 (52%) women opted for primary medical management and 67/141 (48%) had primary surgical management. Of those who had failed medical management (n=24), 6/24 (25%) chose repeat medical management and 18/24 (75%) had surgical evacuation. A further 2/6 (33%) patients who had failed medical management twice opted for surgical evacuation. In total 5/67 (7.5%) patients required further surgical evacuation.

Both medical and surgical are reasonable management options, depending on the woman's preference and clinical status.

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ARE WE DOING ENOUGH WITH THE INFLUENZA VACCINE? A study on the uptake among pregnant women.

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Abstract

Health Service Executive and Immunization Recommendation Ireland recommend that all pregnant women get the Influenza (flu) vaccine. Pregnant women are at a higher risk because of the immunological changes that occur in pregnancy. The objective of this study was to assess uptake of influenza vaccination in a tertiary maternity unit in Limerick.

This study was conducted over two weeks in January 2020 in the public antenatal clinic in the hospital. Patients were given a questionnaire about their demographics, vaccination status and if unvaccinated, the reason why it was not received.

There were 241 women that participated in the study. Overall, 62.2% of the women received the Influenza vaccine. It was further noted that 88% (n=212) were informed of the vaccine. When comparing our work to the similar cohort study by Crosby DA et al. in 2016 at the National Maternity Hospital, Dublin there was a higher rate of vaccination uptake in our population (67.9% vs. 43.7%; p=0.0001).

The rates of uptake of influenza vaccination in pregnancy have improved since 2016. However, there is still more work to be done. It is important to counsel women about the safety of Influenza vaccine in pregnancy. No study to date has demonstrated an increased risk of either maternal complication or untoward fetal outcomes.

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PREGNANCY AFTER FERTILITY SPARING SURGERY FOR EPITHELIAL OVARIAN CANCER; A CASE REPORT

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Abstract

Borderline ovarian tumours represent approximately 10-15% of all epithelial ovarian malignancies.[1] Patients diagnosed with borderline ovarian tumours tend to be younger and present at an early stage.[2] Optimal treatment for ovarian cancer consists of surgical staging often followed by chemotherapy. For patients who wish to conserve fertility, unilateral salpingo-oophorectomy with surgical staging may be appropriate for some stage 1 ovarian tumours.[3]

We describe the case of a 37-year old primigravida who had stage 1A borderline mucinous adenocarcinoma of the left ovary prior to pregnancy. Laparoscopic left salpingo-oophorectomy, appendectomy, omentectomy and pelvic para-aortic lymphadenopathy was performed for surgical staging. The patient declined adjuvant chemotherapy. Spontaneous conception occurred and her antenatal course was uncomplicated. At 38+4 she delivered a live male infant via spontaneous vaginal delivery. Labour and postnatal course were uneventful.

Although fertility sparing surgery is associated with risks, it is appropriate for patients with borderline ovarian tumours. Such surgery should be considered in patients who wish to preserve fertility.

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Management of breech pregnancy in Our Lady of Lourdes Hospital, Drogheda - a retrospective audit

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Abstract

Breech pregnancies that undergo external cephalic version (ECV) have a higher chance of successful vaginal delivery which avoids the risks associated with caesarean section. This audit assesses the proportion of breech women that have the option of ECV discussed with them, the success rates of ECV and delivery methods for all breech pregnancies.

Data was collected retrospectively on all breech deliveries in Our Lady of Lourdes (OLOL) Hospital, Drogheda, in 2019. Exclusion criteria included multiple gestation and gestation <37/40 at delivery.

67% of patients had the option of ECV discussed with them (n = 47). The uptake of ECV in patients that had the option discussed with them was 47% (n = 22). The success rate of ECV was 27% (n = 5), which is lower than expected. 100% of patients that underwent successful ECV delivered vaginally, while 100% of patients that did not undergo ECV/underwent unsuccessful ECV delivered via caesarean section (this data is likely affected by the small sample size examined).

Patients who undergo successful ECV have a higher chance of vaginal delivery compared to those who do not undergo ECV or have unsuccessful ECV. Given the risks that are associated with surgery, it is important to increase the rate of discussion of ECV as an option with patients. It would also be beneficial to examine patient perceptions towards ECV to increase uptake of the same. Finally, improved operator technique will increase the rate of successful ECV.

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OBSTETRIC ANAL SPHINCTER INJURIES (OASIS): ARE WE DOING IT RIGHT?

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Abstract

Obstetric anal sphincter injuries (OASIS) are defined as tears extending towards the anal sphincter and/or anal mucosa.

This audit aims to investigate the difference of impression of degree of tear made on labour ward versus in theatre, as well as the follow-up care after OASIS repair in Cork University Maternity Hospital (CUMH).

All women sustaining OASIS in CUMH in 2018 were recruited in this audit.

The incidence of OASIS in CUMH was 0.01% with 75.9% primiparous and the remaining 24.1% multiparous who has no previous OASIS. Mode of delivery was evenly distributed among normal vaginal delivery (37.7%), vacuum delivery (32.1%) and forceps delivery (30.2%). On average, the birthweight was 3678.3g (SD 446.5g) with male dominance of 54.7%. 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. All women received antibiotic regime and laxative post OASIS repair and 98.1% of them were reviewed by physiotherapist prior to discharge home.

The impression of the degree of OASIS were under-classified in labor ward most likely due to inadequate analgesia and poor lighting. Overall, the maternity unit in CUMH has a good adherence to the national OASIS guidelines of antibiotics prophylaxis, use of laxatives and follow up with physiotherapy in order to avoid complications.

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CONSENT: IS IT UP TO STANDARD

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Abstract

In the field of obstetrics we are called on to perform intimate examinations often in a time sensitive and high risk situation such as in an obstetric emergency. There is much emphasis placed on proper informed consent. This study was needed to get an idea of whether our unit was maintaining the standards of consent that we should be striving to. Previously patients followed a doctors advice without question but now patients are more educated and explicit consent is needed.

The purpose of the study was to evaluate our adherence to proper consent.

The study design was kept simple. A random sample of notes were taken from the postnatal charts returned to the maternity ward. Notes were examined for consent for vaginal examinations, instrumental deliveries, fetal blood sampling and caesarean sections both elective and emergency.

The findings of the study showed that we are not maintaining the standard of consent necessary. We are not documenting the reason for intimate examinations and at the same time not adequately documenting consent for these examinations. One failing highlighted was the lack of chaperone for intimate examinations.

In conclusion the area of consent cause many issues within the medical field. It is necessary that we adhere to the guidelines on consent at all times. While this was a snapshot of our unit I feel it would be applicable across the NHS. It is imperative that engage with the proper consent process to keep the patients and ourselves safe.

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Suspected fetal macrosomia-Shared Decision model of care

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Abstract

Abstract:

An Audit on Suspected fetal macrosomia-Shared Decision model of care

Aziz B, Rafiq S, Yuddandi N, St. Luke's General Hospital, Kilkenny

Suspected fetal macrosomia in a nondiabetic population from 37- 40 weeks is becoming a major problem in Obstetrics. It has been a dilemma in managing cases to prolong pregnancy beyond 37 – 40 weeks or deliver inspite of no available evidence. The policy needs to be designed to manage suspected fetal macrosomia and its management.

The cases were identified from the birth register statistics for three months retrospectively from 1/4/2020 to 30/6/2020. The data has been collected from the case notes with a birth weights ≥ 4kg including diabetic population.

70 cases out of 365 births were identified with birth weights ≥4kg. 87% were 4-4.49 kg and 27% of these had correctly estimated fetal weight on ultrasound. 11% weighed between 4.5 kg to 4.9 kg and only 4% of them had correct ultrasound EFW. 2% weighed ≥ 5 kg and were not diagnosed antenatally. An informed and shared decision model of care was noted in 34% only. Counselling mothers who have suspected macrosomia is challenging as there is no evidence for induction of labour or offering planned caesarean section. Introducing a shared decision model will improve women's satisfaction and maternal and fetal outcomes.

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BENIGN HYSTERECTOMY: SOUTHERN TRUST VS NATIONAL AVERAGE

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Abstract

A Hysterectomy is a common gynaecological procedure performed for a variety of reasons. The method of hysterectomy can vary depending on many issues ranging from previous abdominal surgery, co-morbidities to body habitus. Current recommendation is that where technically feasible hysterectomies should be performed using a minimally invasive or vaginal route. . Vaginal hysterectomies are associated with lower mortality, post-operative morbidity and cost. Since the advent of minimally invasive techniques the abdominal hysterectomy numbers today are certainly lower than past numbers.

The purpose of the study was to audit the number of hysterectomies performed in 2017 and compare local numbers to national averages

My registrar and I obtained the list of hysterectomies for 2017 within our trust. We then reviewed all operations to remove those with malignancy. The 211 hysterectomies were then examined for operation type, size of uterus removed and any additional procedure's such as McCall's Culdoplasty.

From the study we have found that the southern trust has exceeded the national average for vaginal hysterectomies. However when looked at without the numbers performed for prolapse then we are below the national average.

In conclusion the southern trust has been meeting targets for minimally invasive surgery. With a view to the future there needs to be encouragement for minimally invasive surgery. This could take the form of careful selection of patients and matching with the appropriately skilled surgeon.

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TERMINATION OF PREGNANCY: STAFF KNOWLEDGE AND TRAINING

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Abstract

In January 2019, Termination of Pregnancy (TOP) services were introduced in Ireland allowing the termination of pregnancies <12 weeks.

This study aimed to investigate staff knowledge and training on early TOP and views regarding challenges to successful integration of the service within a large maternity hospital.

A questionnaire was distributed to clinical staff in a large maternity hospital during the Summer of 2019. Questions were modelled on the National Clinical Guidance and previous research and piloted with midwives and clinicians. Descriptive analysis and a hierarchical multiple regression were performed using SPSS.

In total, 133 participants completed the questionnaire. Just 24.8% of staff correctly answered all questions on TOP legislation. Male gender, education (diploma/certificate), and age (<30 years) negatively contributed to overall knowledge. 'Medical' job position positively contributed to knowledge levels. Most respondents (88%) had not received training prior to introduction of TOP services. Of those who did, few (9%) believed it to be sufficient. The main challenges to the service were lack of training and education, staffing and the absence of dedicated clinical spaces.

Low levels of knowledge among staff as well as a widely expressed desire for further training supports the need for the introduction of education initiatives for all staff, in order to guarantee the success, sustainability and safe provision, of this new service. Our findings indicate that improved guidance for TOP services is also needed.

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EARLY PREGNANCY TEACHING AND TRAINING AMOUNG OBSTETRIC TRAINEES IN A TERTIARY MATERNITY HOSPITAL

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Abstract

Proficiency in early pregnancy assessment and management is a core component of Basic Speciality Training (BST) in Obstetrics & Gynaecology. Performance and interpretation of early pregnancy ultrasound is not formalised in Ireland, resulting in variation in exposure and experience among trainees.

In order to assess Obstetric trainees' knowledge and confidence in relation to early pregnancy, we conducted a prospective observational survey in our unit in July 2020. All obstetric trainees employed in our unit were invited to participate in an anonymised survey comprising both quantitative and qualitative components.

Of the sixteen trainees that completed the survey, the majority were female (88%) with half (n=8) having 24 months or more clinical experience in the discipline. All reported competency in interpretation and performance of early pregnancy ultrasound as an important skill for BST trainees in Obstetrics to acquire. An objective questionnaire demonstrated good knowledge among trainees in relation to early pregnancy, with an average result of 78% (range 50%-97%). Of the trainees, 56% (n=9) had witnessed <50 TVUS and 75% (n=12) had performed <50 TVUS to date with just 12% (n=2) having received any form of early pregnancy ultrasound training. Qualitative questioning highlighted that while 37.5% (n=6) felt confident in interpreting a TVUS report independently, only 12.5% (n=2) felt confident in performing TVUS independently.

There is a need for increased teaching and training in relation to early pregnancy among obstetric trainees. In response to these findings we have implemented a structured training programme in early pregnancy in our unit from August 2020.

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AN AUDIT OF THE PRESCRIBING OF VENOUS THROMBOEMBOLISM PROPHYLAXIS IN A POSTPARTUM POPULATION

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Abstract

IOG with RCPI provide guidelines for the prescribing of venous thromboembolism (VTE) prophylaxis in pregnancy. As the demographics of the pregnant population in Ireland continue to change, with increasing maternal age, BMI, and intervention at delivery, identification of risk factors that qualify a patient for postnatal VTE prophylaxis is pertinent.

235 deliveries between July-August 2020 were audited to assess whether patients received the appropriate treatment according to IOG Guidelines and whether they met RCOG criteria for postnatal VTE prophylaxis. Details recorded included antenatal and postnatal risk factors, method of delivery, and the prescribing of VTE prophylaxis as an inpatient and as an outpatient.

153 women (65%) had at least one antenatal risk factor, with 33% of the population audited over the age of 35 and 27% had a BMI greater than 30kg/m^2. 112 women (48%) had at least one postnatal risk factor, with 40% of women having a CS.

Of the 82 women (35%) that met IOG criteria for 10 days of postnatal VTE prophylaxis, 25 women (30%) received it, while 57 (70%) did not. Using RCOG criteria, 101 women (43%) would have required 10 days of postnatal VTE prophylaxis.

VTE in pregnancy and postpartum has high morbidity and mortality. This audit shows significant under prescribing of postnatal VTE prophylaxis in SLK and poor identification and documentation of antenatal and postnatal risk factors present. A new risk factor checklist to be filled out and referred back to at specific timepoints in the pregnancy will be implemented and re-audited.

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ABDOMINAL WALL ENDOMETRIOSIS A CASE REPORT

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Abstract

Endometriosis is defined as "the presence of functional endometrial tissue outside the uterus, which induces a chronic, inflammatory reaction. It is common, with a prevalence of 10–20% of women of reproductive age. Endometriosis in postoperative scare is rare fewer than 1% affected patient.

Abdominal wall endometriosis is an uncommon site of extra pelvic endometriosis, usually develops in a previous surgical scar and should be considered in the differential diagnosis of any abdominal pain and mass post-surgery.

Our patient is 39 years old, Para 4, previous 1 caesarean section, Presented with left lower abdominal pain for 3 years getting worse recently. Her surgical history included appendectomy, caesarean section and bilateral tubal ligation, hysteroscopy D&C endometrial ablation and subtotal abdominal hysterectomy. Physical examination revealed painful mass measuring 3x4 cm above the caesarean scar. The results of computed tomography revealed soft tissue mass query abdominal wall endometriosis measuring 5.7x2.7x3.4 cm. ultrasound guided biopsy showed endometrial glands and stroma consistent with endometriosis.

Surgical excision of the abdominal wall endometriosis was performed by our gynaecology team. Intraoperative finding was a 5x5 hard, cystic mass covering the rectus sheath completely excised. The final histopathology report confirmed endometriosis.

Endometriosis should be included in the differential diagnosis of abdominal scar lesions following gynaecological operations.

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Structured feedback and performance debriefing: How can we SHARPen our skills?Assessment of NCHD and Consultant attitudes to the provision of structured feedback in clinical settings.

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Abstract

BACKGROUND: A key aim of training in Obstetrics and Gynaecology is the development of skilled and competent clinicians, who can provide patient care at the highest level[1]. Experiential learning has become more limited in recent years, due to reduced working hours, increased patient safety concerns, and developments in medical technology. Structured performance debriefing is an important educational technique that facilitates the maximisation of each learning opportunity. The SHARP tool has been developed to improve structured feedback and performance debriefing.

PURPOSE: We aim to assess attitudes to performance debriefing amongst O&G Trainers and Trainees. We will complement this with a teaching session regarding the SHARP technique, and re-assessment of attitudes thereafter.

METHODS: This is a quantitative questionnaire study of trainers and trainees, assessed before and after a teaching session on structured feedback and performance debriefing.

RESULTS: 100% of Trainees responded. Trainee assessment of feedback as follows. 26% of trainees reported never receiving performance feedback. Frequency of feedback received: daily 5%, weekly 21%, fortnightly 15%, monthly 10%. Usefulness of feedback: extremely useful 6%, somewhat useful 37%, very useful 25%. Of note, 25% of Trainees reported their feedback to be not at all useful. 100% of Trainees felt that a structured tool would help to improve the quality and frequency of performance feedback.

CONCLUSIONS: The initial results confirm the pressing need for improvements in both the frequency and quality of structured feedback. This project is ongoing.

REFERENCES:

1. Imperial College London (2012), *The London Handbook for Debriefing,* London: National Health Service

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Managing Macrosomia – Outcomes from a Tertiary Maternity Centre

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Abstract

Background:

With an absence of definitive evidence for management of non-diabetic macrosomia, decisions around timing of delivery can be challenging. Limited local data informs practice in Ireland. This study aims to examine outcomes for macrosomia at a tertiary maternity centre.

Methods:

A retrospective audit was performed on women with sonographically estimated-fetal-weight over 4000g from 2017-2019, excluding patients with Pre-Existing/Gestational Diabetes. Data was collected using hospital-IT-system. Patients were divided into two groups:

Active Management (ActM) Induction of labour (IOL) for macrosomia alone Expectant management (ExpM) – all other cases

Demographics and outcomes were compared. Strict data protection was observed. Approval was granted by the institution's clinical audit committee. Statistical analysis was performed using SPSS Version 24.

Results:

Demographics and outcomes are outlined in Table 1. The mean birth weight was higher in the ActM-group. ActM was significantly associated with induction (86.16%vs48.32%, p<0.001), pre-labour caesarean section (12.23%vs4.78%, p=0.007) and a longer 1st stage of labour (6.00vs5.07 hours, p=0.038). Women with ExpM more likely to go into spontaneous labour (1.59%vs48.89%, p<0.001).
Interestingly ActM had higher rates of OASIS, but without statistical significance. Episiotomy was higher in ExpM group (15.95%vs27.27%,p=0.007), perhaps related to a non-significant increased risk of OVD (18.79%vs23.16,p=0.31). There was no difference in neonatal outcomes between groups.

Conclusion:

Delivery for macrosomia increases the chance of induction, pre-labour caesarean section and prolonged 1st stage of labour, without improved neonatal outcomes. Expectant management cases are more likely to spontaneously labour, without an increase in birth weight, blood loss or perineal injury.

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DEVELOPMENT OF AN ECONOMICAL TRAINING SIMULATOR FOR AMNIOCENTESIS AND CHORIONIC VILLUS SAMPLE

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Abstract

Objective:

Simulation-based education supplements and enhances the clinical education of care providers. Simulation models exist for training in amniocentesis and chorionic villus sampling, however most are expensive or difficult to reproduce. We present a low-tech, low-cost, easily reproducible simulation model to develop fetal procedural skills, increasing operator competency and improving overall patient satisfaction.

Study Design:

We developed a simulation training model using materials readily available in the fetal assessment unit, which replicated the pregnant abdomen. This consisted of multiple echogenic targets at different depths in a clear plastic casing filled with ultrasound gel. Each model was reusable and reproducible at minimal cost. A pilot training session was held, during which trainees in Obstetrics & Gynaecology received instructions on using the simulator, and a five minute session using the simulator. Each participant evaluated the simulator using a validated educational training survey.

Results:

Seven participants with no experience with invasive fetal procedures completed the pilot training session. 100% of participants found the simulation model motivating and helped them to learn. 100% of participants felt they were mastering the content and developing the skills to perform the task in a clinical setting. 100% felt the simulator resembled the real-life situation, and was designed for their level of knowledge.

Conclusions:

A low-cost simulation model has many advantages which may enhance training and clinical skills for complex fetal medicine procedures. The easily reproducible nature of the device is important in a time of finite healthcare resources and limited access to training opportunities during the COVID-19 pandemic.

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OUTPATIENT HYSTEROSCOPY IN THE UNDER 45 POPULATION - A TWELVE MONTH REVIEW

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Abstract

Outpatient hysteroscopy provides a convenient alternative to hysteroscopy under general anaesthesia.

This study evaluated the indication and diagnostic yield of outpatient hysteroscopy in the under 45 population at Wexford General Hospital.

We retrospectively reviewed outpatient hysterosopies (OPH) that were carried out on patients under the age of 45.

269 outpatient hysteroscopies occurred in 12 months, of which 134 were under 45 (49.8%). The median age in the under 45 group was 38. The most common reason for referral was abnormal bleeding (61.9%). Other reasons were intermenstrual bleeding (13.4%), postcoital bleeding (4.5%), missing IUD (10%), abnormal discharge (0.7%), recurrent miscarriage/infertility (6%), glandular smear (1.5%), post menopausal bleeding (3%). 71.6% had normal gross hysteroscopy findings. The most common positive findings were endometrial polyps (10.4%) and IUD related problems (9.7%). Other findings were fibroids (3%), septum (1.5%), and atrophic endometrium(1.5%). Three of the women referred had failed OPH (2.2%). Of those referred with abnormal bleeding, 18% had positive findings. 107 had biopsies taken for histopathology of which 91.6% were normal. 2 had confirmed polyps and 7 samples were inadequate. 9% had a subsequent hysteroscopy under general anaesthetic for either resection of fibroid/polyp or following failed OPH.

The under 45s account for half of referrals for OPH. This study demonstrated that OPH is well tolerated in under 45s and the diagnostic yield remains low. The most common finding under 45 is endometrial polyps, the availability of small diameter hysteroscopes capable of performing therapeutic interventions could further improve this valuable service.

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INVESTIGATING THE RELATIONSHIP BETWEEN BODY COMPOSITION, LIFESTYLE FACTORS AND ANTI-MULLERIAN SERUM LEVELS IN WOMEN UNDERGOING INFERTILITY ASSESSMENT

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Abstract

Current evidence examining the effect of obesity and lifestyle factors on serum anti-Müllerian hormone (AMH) levels is conflicting.

This study aims to investigate the relationship between AMH levels and body fat percentage, BMI and lifestyle factors including smoking, alcohol, nutrition, exercise and psychological stress in women ongoing infertility investigations.

Women whose serum AMH levels were being measured as part of their initial investigations for infertility but who were not diagnosed with PCOS were invited to partake. Subjects' body fat percentage was measured using the Tanita Body Composition Monitor and their body mass index (BMI) calculated. Lifestyle factors were evaluated using the Simple Lifestyle Indicator Questionnaire (SLIQ).

Analyzing 96 subjects and their data, we established no relationship between AMH and biometric or lifestyle factors, namely: body fat percentage (B=-0.112, p=0.761), BMI (B=-0.136, p=0.760), smoking [currents smokers (B=-1.859, p=0.561), ex-smoker (B=3.071, p=0.405)], SLIQ score (B=0.1.957, p=0.292), stress (B=0.116, p=0.959), exercise (B=-0.942, p=0.765), alcohol (B=-0.942, p=0.765) or nutrition (B=-3.144, p=2.439). 35.4% (n=34) of subjects were classified as obese and 63.5% (n=61) being classified as either overweight or obese according to their BMI. 47.9% (n=46) were classified as obese according to their body fat percentage. 25% (n=24) of women received a 'healthy' SLIQ score.

Body fat percentage, BMI, unhealthy lifestyle choices and high stress levels were not associated with AMH levels in women seeking infertility investigations. The high proportion of obesity, and the low levels of healthy lifestyle scores highlight the need for detailed patient education and represent new avenues to optimize pre-pregnancy health.

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Setting up a service for Medical Termination of Pregnancy (MTOP)

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Abstract

SETTING UP A SERVICE FOR MEDICAL TERMINATION OF PREGNANCY (MTOP)

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In May 2018, the referendum to repeal the Abortions Act in Ireland led to the new legislation. By January 1st 2019, all 19 Maternity Units in Ireland were to provide Termination of Pregnancy (TOP) services. University Hospital Waterford (UHW) was preparing to provide Medical Termination of Pregnancy (MTOP) services for women in Waterford commencing the January 2nd. On commencement, we became the secondary centre of referral for MTOP in the Southeast, including counties Kilkenny, Wexford, Carlow and Tipperary.

We report our experience of setting up the MTOP service in UHW.

Data was collected prospectively, including patient demographics, gestations, referral indications, dosages, length of stay and failed MTOPs from January 2nd to December 31st 2019.

We received 236 referrals from January 2nd to December 31st 2019. One-hundred-and-ninety-two (81.5%) were for routine ultrasounds, of which 68 (35.4%) met the criteria for 9-12 weeks hospital-based MTOP. Two patients opted to travel for STOP. Eight deferred, leaving 56 hospital-based MTOP. Two hospital-based MTOP failed, both were 11-12 weeks. Our failure rate was 3.5%, but when confined to 11-12 weeks, this was 10%.

We have set up an MTOP service for women in the Southeast of Ireland. However, the absence of a care pathway to provide STOP remains a setback to provide comprehensive TOP care.

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VENOUS THROMBOEMBOLISM-PREVENTION IS BETTER THAN CURE

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Abstract

Venous thromboembolism (VTE) is the leading direct cause of maternal morbidity and mortality. Pregnancy and puerperium are recognised as major risk factors. In the year 2016-2017, University Maternity Hospital Limerick noted an increase in the incidence of VTE in pregnant and postnatal women. In order to mitigate the problem, RCOG-approved VTE risk assessment was introduced to identify the risk factors and managed accordingly. VTE risk factors were assessed in all pregnant women at booking, 28 weeks gestation, during labour, postnatal and every hospital admissions.

This is a re-audit to identify the efficiency of doctors and midwives in assessing and documenting the VTE risk assessment tool.

A retrospective review of 100 maternity charts are randomly collected from postnatal wards in August 2020 and data collected were analysed using Microsoft excel.

Only 34% had full documentation and assessment throughout pregnancy and postnatally. There is 89% compliance in booking visit, 60% at 28-weeks antenatal visit, 86% compliance in labour ward and theatre and 76% in the postnatal ward. Only 23% of the patients had hospital admission, out of which only 5 had documentation of VTE assessment.

In comparison to the previous audit, there is definitely some improvement in the identification and documentation of VTE risk assessment aiming for better clinical care and education of the women in the aspects of VTE. Introduction of weekly and monthly audit in the antenatal and postnatal ward has helped the awareness of the importance of VTE assessment and documentation.

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Re-audit of Obstetric Cholestasis Management in the Rotunda Hospital

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Abstract

RE-AUDIT OF OBSTETRIC CHOLESTASIS MANAGEMENT IN ROTUNDA HOSPITAL

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[1]Rotunda Hospital

A 2016 audit of the compliance of obstetric cholestasis (OC) diagnosis and management protocols showed poor investigation into other causes for deranged LFTs yet good monitoring and commencement of oral therapies. The results emphasised poor postnatal patient counselling and need for patient education surrounding symptoms and risk of recurrence of OC. Our study aimed to reassess patient data under similar parameters in order to review our current practice following these recommendations.

We performed a retrospective audit of 60 patients diagnosed with OC within the period of January 2018 to October 2018 inclusive from MN-CMS charts. Anonymised data was then compared to results from the 2016 audit.

The results showed the overall rate of screening for CMV and hepatitis increased, yet liver ultrasound was less frequently conducted. Monitoring of patients with OC was significantly reduced but may be attributed to later gestational age at time of diagnosis. We also found a further reduction in the frequency of postnatal LFTs and counselling regarding recurrence and COCP use.

Recommendations from this study included increased dedication to educating both patients and staff of the consequences of OC in pregnancy and the postnatal period. Deficiencies in the management of OC identified in the original audit were not translated into improvements in clinical practice, highlighting the importance of presentation of data and continuous assessment of hospital protocols, particularly among conditions with severe implications throughout pregnancy and beyond.

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Are women with Mild hyperemesis been managed in the community?

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Abstract

Background: Hyperemesis is a common occurrence in pregnancy starting as early as 5th week [1]. In some situation, the patient may require multiple admission if not triaged appropriately. By adhering to the guideline and with the use of proper facilities, unnecessary admission can be avoided. Most hospitals have a day unit which can provide hydration for patients.

Aim: To evaluate our adherence to the national guideline and if patients are being managed in the community.

Method: This was a retrospective chart review over 6 months, Ethics approval was obtained from the audit committee. All pregnant patients that presented to the emergency department (ED) were reviewed for signs of hyperemesis. The endpoint was to see their disposition after reviewing in ED.

Result: 28 women were seen in the ED with hyperemesis, with 5 classified as mild hyperemesis. The mean age was 30.2 years (SD-7.1) and the median gestation was 13 weeks (Range: 5-34). Four patients (80%) presented with nausea while 3 (60%) presented with vomiting. Only one patient had a PUQE assessment and classified as mild. Of the 5 patients, 3 (60%) were admitted with the rest discharged home from ED.

Conclusion: Triaging hyperemesis patients effectively would prevent unnecessary admission to the hospital and utilize the day assessment effectively.

References:

1. HYPEREMESIS AND NAUSEA/VOMITING IN PREGNANCY; Our Lady of Lourdes Hospital, Drogheda Local Clinical Practice Guideline.

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COLD COAGULATION TREATMENT OF CERVICAL INTRAEPITHELIAL NEOPLASIA: THE HUMAN PAPILLOMAVIRUS EVIDENCE OF CURE

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Abstract

Our colposcopy clinic in University Hospital Limerick has added Human Papillomavirus (HPV) testing to cytology post treatment since 2015 as it has higher sensitivity to detect high grade precancerous cervical changes.

This retrospective study aims to evaluate the efficacy of cold coagulation treatment modality.

All women who underwent cold coagulation treatment for cervical intraepithelial neoplasia in in our colposcopy clinic in2018 were included in this study.

In total, 125 women received cold coagulation treatment with average age of 31.4 years old. Majority of the women (57.6%) were referred with high grade precancerous cervical cells changes. HPV testing were only performed in less than half of the referred smear test and in which all were tested positive (41.6%). On average, all the women were called back for their first test of cure follow up in our colposcopy clinic within 208 days (6 months and 27 days). 76.4% of the treated women had negative cytology and only 3.2% have moderate to severe dyskaryosis. The proportion of negative HPV in post treatment was twice higher than positive HPV test (68.3% versus 29.3%).

In spite of the high cure rates of cold coagulation in our local colposcopy clinic, larger cohort studies and more research are needed to evaluate the long term effectiveness and cure rate of this ablative treatment method as an alternative to the LLETZ procedure.

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Hyperemesis in Pregnancy- Are we using the PUQE score?

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Abstract

Background: Hyperemesis is a common occurrence in pregnancy starting as early as 5th week [1]. In some situation, the patient may require multiple admission if not triage properly. By adhering to the guideline and with the use of proper facilities, unnecessary admission can be avoided. The introduction of the PUQE score is to make care universal in all hospitals, however, this is often ignored.

Aim: To evaluate if we are adhering to the national guideline and using the PUQE score to triage patients prior to admission.

Method: This was a retrospective chart review over 6 months, Ethics approval was obtained from the audit committee. All pregnant patients that presented to the emergency department (ED) were reviewed for signs of hyperemesis. The endpoint was to see if the PUQE score was used.

Result: 28 women were seen in the ED with hyperemesis. The mean age was 29.3 years (SD-6.2) and the median gestation was 10 weeks (Range: 5-34). All patients had a spontaneous conception. The most common presenting symptoms were vomiting at 26 (93%). Urinalysis was done 27 (96%) of patients, with 20 (71%) of patients having > 3+ ketones. The PUQE score was only used in 7 (26%) of patients.

Conclusion: the results should the pressing need to utilize the PUQE score to manage this cohort of patients adequately.

1. HYPEREMESIS AND NAUSEA/VOMITING IN PREGNANCY; Our Lady of Lourdes Hospital, Drogheda Local Clinical Practice Guideline.

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Prenatal Findings and Associated Survival Rates in Fetal Ventriculomegaly: A Prospective Observational Study.

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Abstract

Objective:The aim was to present the antenatal experience of fetal ventriculomegaly in a tertiary centre in relation to; 1.Grade of ventriculomegaly ;2.Additional chromosomal/structural abnormalities and 3.Perinatal survival rates.

Methods:This was a prospective observational study of patients referred with fetal ventriculomegaly to the National Maternity Hospital from January 2010 through July 2020. Data was obtained from the hospital database and categorized into mild(10-12mm), moderate(13-15 mm) or severe ventriculomegaly(>15mm). Data was analysed & statistical analysis performed using Chi-Square test.

Results:213 were included for analysis with an average maternal age of 31.6 years & average gestation at diagnosis of 25+6 weeks. Bilateral & unilateral ventriculomegaly was present in 186/213(87.3%) & 27/213(12.7%) cases respectively. Ventriculomegaly was mild in 92/213(43.2%), moderate in 25/213(11.7%) & severe in 96/213(45.1%). 114/213(53.5%) had additional structural abnormalities on ultrasound(US). 27/213(12.7%) had underlying chromosomal abnormalities. No difference was observed in the rate of chromosomal abnormalities between the groups, though those with mild ventriculomegaly & additional US features had significantly higher rates of chromosomal abnormalities than those with isolated ventriculomegaly, 12/49(24.5%) vs 4/43 (9.3%),$P<0.05$. 28/213(13.1%) had termination of pregnancy & 18/213(8.5%) had a neonatal death. The overall survival was 167/213(78.4%). No difference was observed in the survival rates between the groups, though in the mild & the severe groups those with additional US findings had worse survival rates of 61.2% & 67.31($P<0.05$).

Conclusion:In this cohort, fetuses with isolated ventriculomegaly had survival rates >90% & associated chromosomal abnormalities <10% in all groups.

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Hyperemesis in Pregnancy – Can we change our first-line management?

Oladayo Oduola, Modupeoluwa Iroju- William, Sahar Ahmed
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Abstract

Background: Hyperemesis is a common occurrence in pregnancy starting as early as 5th week [1]. In some situation, the patient may require multiple admission if not triage properly. By adhering to the guideline and with the use of proper facilities, unnecessary admission can be avoided. The traditional usage of prochlorperazine is a reflex that doctor prescribe to patient however, utilizing Cariban as first-line can reduce further admission to hospital.

Aim: To evaluate if we are adhering to the national guideline and using Cariban as our first-line management of hyperemesis.

Method: This was a retrospective chart review over 6 months, Ethics approval was obtained from the audit committee. All pregnant patients that presented to the emergency department (ED) were reviewed for signs of hyperemesis. The endpoint was to see what they were prescribed after being diagnosed with hyperemesis.

Result: 28 women were seen in the ED with hyperemesis. The mean age was 29.3 (SD-6.2) and the median gestation was 10 weeks (Range: 5-34). All patients had a spontaneous conception. The most common presenting symptoms were vomiting at 26 (93%). Urinalysis was done 27 (96%) of patients, with 20 (71%) of patients having > 3+ ketones. Prochlorperazine was the first line antiemetic in 22 (79%) of patients.

Conclusion: Our results show that we need to adapt and change our common reflex of prescribing prochlorperazine to new medication such as Cariban.

Reference:

1. HYPEREMESIS AND NAUSEA/VOMITING IN PREGNANCY; Our Lady of Lourdes Hospital, Drogheda Local Clinical Practice Guideline.

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SEVERE VENTRICULOMEGALY: FETAL MORBIDITY AND MORTALITY AND CAESAREAN DELIVERY RATES

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Abstract

The aim is to describe the morbidity and mortality associated with severe fetal ventriculomegaly and cesarean delivery rates and to compare those with a fetal measurement of the posterior horn of the lateral ventricle (Vp) <20mm with those Vp>20mm.

This is a prospective observational study of fetuses diagnosed with severe ventriculomegaly January 2010 - July 2020. Severe ventriculomegaly was defined as a Vp >15mm.

Severe ventriculomegaly was diagnosed in 96 fetuses. The average gestation at diagnosis was 26+3 weeks (range 17–37 weeks) and the average gestation at delivery was 38+2 weeks (range 30 –41+6 weeks). There were 41 with a Vp<20mm (mean 17.5mm) and 55 with a Vp> 20mm (mean 30.5mm). The overall rate of chromosomal abnormalities was 9/96(9.4%), with additional intracranial ultrasound(US) and extracranial US findings observed in 23/96(24%) and 29/96(30.2%) respectively. Those in the Vp>20mm group were more likely to have head circumference > 95th centile than those in the Vp<20mm group, 35/55(63.6%) vs 14/41(34%), P<0.05. Delivery information was available for 66. The overall rate of perinatal loss was 20.8% (20/96) and the cesarean delivery(CD) rate 57.6% (38/66). No difference was observed between the groups in rates of termination of pregnancy, neonatal death rate or mode of delivery.

In conclusion this study highlights the significant morbidity and mortality rates associated with fetuses with severe ventriculomegaly. Counselling should include not only the high rates of fetal morbidity and mortality but also the significant maternal morbidity in relation to CD rates of 57.6% in this cohort.

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NSAIDS-induced Acute Kidney Injury (AKI) post caesarean section

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Abstract

-The present study reports a case of NSAIDS-induced acute kidney injury(AKI) post caesarean section. Several disorders can lead to AKI later in pregnancy or postpartum NSAIDS/DRUG-INDUCED is one of them.

-Non-steroidal anti-inflammatory drugs (NSAIDs) can cause acute kidney injury as well as cardiovascular and gastrointestinal adverse effects. kidney injury are discussed herein to highlight the importance of early and correct diagnosis for good prognosis.

-The patient 24 year old, primigravida. Booked at 13+ weeks, uneventful antenatal journey, with no previous history of kidney disease and no antenatal risk factors for kidney injury, had an emergency lower segment caesarean section due to failure to progress at full dilatation during 2nd stage of labour under epidural, develop AKI post administration of NSAIDS.

-AKI was noted postoperatively following reduced urine output and rising urea, creatinine levels and confirmed on CT-KUB.

-Conservatively managed with strict input/ouput flow chart and daily urea, creatinine level shows improvement within 6 days and followup ultrasound kidney shows remarkable improvement.

-Given the high prevalence of NSAIDs use, we suspect that this mechanism of renal injury may be more prevalent than previously thought.

-A multidisciplinary team approach that encompass appropriate fluid assessment, review of medication and the diagnosis and the management of the underlying cause of AKI is essential.

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Management and outcomes of gestational diabetes mellitus in South Tipperary General Hospital Audit

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Abstract

Introduction:

Gestational diabetes mellitus defined as any form of glucose intolerance or diabetes with first recognition or onset during pregnancy. The prevalence of GDM in Ireland is quoted to be around 1-2%. The aim of this audit is to ensure that the standard of care of pregnant women with GDM in STGH meets the national standards set by the HSE and identify deficient areas to help improve the quality of care delivered to pregnant women with GDM.

Methods:

Retrospective audit done over a one-year period, from September 1st 2018 to September 1st 2019. It included all pregnant women who were diagnosed with GDM who attended for antenatal care in STGH and delivered a baby in STGH. Total of 129 patients were included in this audit. Results: Almost 97% of women with GDM received combined obstetric/endocrine care. Just over half (56%) were managed with diet and only 26% required insulin. 45% of the women with GDM had induction of labour. 48% were delivered with caesarean section. Preeclampsia complicated 30% of those pregnancies and 42% had suffered from a postnatal infection (urinary tract infection and wound infections). Foetal complications included ; macrosomia (17%), congenital anomalies (3.9%) and shoulder dystocia occurred in 0.8%. Those babies born to mothers with GDM were formula-fed in 65%.

Conclusion:

Selective screening for testing patients based on risk factors is well applied in STGH. When there is excellent glycaemic control present and absence of maternal and fetal compromise, spontaneous labour up to 39-40 weeks gestation should be awaited.

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PREVALENCE AND MANAGEMENT OF SEXUALLY TRANSMITTED INFECTION (STI) IN ANTENATAL PATIENTS <25YEARS OLD - A RETROSPECTIVE STUDY

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Abstract

Chlamydia trachomatis (CT) in pregnancy is associated with neonatal morbidity including inclusion conjunctivitis, pneumonia, low birth weight and preterm birth. However, women are often asymptomatic and screening can help to identify those infected. In January 2020 an antenatal STI screening programme was introduced in a tertiary level maternity hospital at booking visits. All patients <25years were offered screening for CT, *Neisseria gonorrhoeae* (NG) and *Trichomonas vaginalis* (TV).

The purpose of this study was to examine the prevalence and management of STI within our screening program.

This was a retrospective analysis from February to August 2020. Patients were included if <25years and attending their booking visit. The patient cohort was identified via laboratory records with appropriate data collected from electronic medical records.

175 suitable patients were identified. Of these, only 98 were screened (56%); 5.1% (n = 5) were positive for CT infection, 90 women (91%) were negative, and three tests were invalid. No case of NG or TV was detected. Women who tested positive were treated as per the British Association for Sexual Health & HIV guidelines: all pregnant women were treated with oral azithromycin**.**

Our data shows a CT prevalence of 5.1% in antenatal women <25 years old. This is in keeping with other studies. CT infection in pregnancy is associated with neonatal morbidity, and given it is most commonly asymptomatic in women, screening of this high risk population allows for timely management of the infection.

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THE ROBSON TEN GROUP CLASSIFICATION SYSTEM AND OUTCOMES IN RELATION TO PRIMIPAROUS PATIENTS IN THE UL HOSPITAL GROUP

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Abstract

The Robson Ten Group Classification System (TRGCS) is considered a global standard for assessing and comparing cesarean section (CS) rates in the maternity services.

We performed an analysis of caesarian sections performed for primiparous women considering their risk factors and mode of labour.

A retrospective study was conducted from January to March 2019 involving 121 primiparous patients who underwent CS. Demographic data, gestation, mode of labour, use of oxytocin and delivery outcomes was collected, with further subdivision according to the TRGCS.

The mean age of patients was 32 with a mean gestational age of 39 weeks; 48 (40%) patients had their labour induced while 27 patients (22%) had spontaneous onset of labour. The mean gestational age of induction of labour (IOL) was at 39+2 weeks with over 40% secondary to gestational diabetes. Thirty eight percent of patients required an elective CS and 56% underwent emergency CS (category 1-2) with the leading indications being a Non-Reassuring CTG (NRCTG) followed by Failure to progress (FTP) in labour and failed to IOL.

The rate of spontaneous labour versus IOL is 20 vs 68% respectively. According to TRGCS, of the class 1 primips who required an emergency CS delivery, 50% of cases had a NRCTG as the indication. In the class 2 primips the majority required a CS delivery secondary to FTP or failed IOL.

We recommend the use of 'fresh-eyes' on labour ward and continuous staff training in CTG interpretation, as well as future audit regarding the indication of IOL.

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IMPLEMENTATION OF A SEXUALLY TRANSMITTED INFECTION (STI) SCREENING PROGRAMME IN ANTENATAL PATIENTS <25YEARS OLD. A CLINICAL AUDIT.

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Abstract

Chlamydia trachomatis (CT) is the most common STI in Ireland. Rates are highest amongst females aged 20-24years, with an incidence of 164.4/100,000. In January 2020 an antenatal STI screening programme was introduced in a tertiary level maternity hospital at booking visits. All patients <25years were offered multiplex vaginal screening for CT, *Neisseria gonorrhoeae* (NG) and *Trichomonas vaginalis* (TV).

The purpose of this audit was to review uptake of the screening programme, as well as identify potential modifications to improve screening uptake

A retrospective analysis was performed from February to August 2020. Patients were included if <25years at booking. Screened patients were identified via laboratory system. Informal interviews with staff were conducted to assess knowledge of STI screening.

175 patients were identified. Of these, 98 were screened (56%). 5 (5.1%) tested positive for CT, 90 women (91%) tested negative, and three swabs were invalid. No NG or TV infections were detected. Of those not screened (n = 77), two woman (2.5%) were screened recently and one woman (1.2%) declined. Documentation was inconclusive for the other 63 women.

Asymptomatic CT infection was present in 5.1% of young antenatal patients, although NG and TV was not detected. Of concern, 44% of patients were not screened, although only one woman declined. We aim to increase staff awareness of this program via placement of infographics, as well as verbal and e-mail reminders. We will re-audit uptake of this screening program.

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Improving Insulin Prescribing using a Lean Sigma Six Approach

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Abstract

Background

Glycaemic control through appropriate prescription of insulin is a key element of management pre-existing and gestational diabetes. Insulin therapy is often associated with medication errors. Across the obstetric population, where tight glycaemic control is essential both for maternal and fetal interest, accurate insulin prescribing is paramount. We identified a 90% non-compliance rate in insulin prescribing in the National Maternity Hospital on initial evaluation, and aimed to increase compliance by 50%.

Methods

A quality-improvement(QI) initiative was formed by a Multi-disciplinary team(MDT). Through brainstorming root-cause analysis of incorrect insulin prescribing, the barriers to correct prescription were identified. Intervention comprised of one-to-one tutorials and simulation training on prescribing. The primary outcome was rates of appropriate insulin prescribing. The secondary outcome was prescribers' self-reported competence with prescribing methods. The Lean Sigma Six methodology was used identify barriers in the prescribing process and to streamline the rapid improvement event (RIE).

Results:

The baseline rate of non-compliance with correct insulin prescription within the unit was 90%(9/10). On further evaluation, it was confirmed that 86% (24/28) of doctors felt their prescribing competence was suboptimal. These will be measured again in six weeks and twelve weeks, and compared to baseline data.

Conclusion

Insulin management with correct prescribing is essential in minimising maternal and perinatal morbidity. This QI project has identified significant issues in insulin prescribing requiring urgent intervention, obliterating an unnecessary clinical risk. Applying the Lean Sigma Six approach to this process combined with simulation training and teaching is aimed to improve this significantly.

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TO DETERMINE THE RELATIONSHIP BETWEEN MIDDLE CEREBRAL ARTERY PEAK SYSTOLIC VELOCITY AND FETAL HAEMOGLOBIN IN PREGNANCIES REQUIRING INTRAUTERINE BLOOD TRANSFUSION

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Abstract

Doppler measurement of the middle cerebral artery peak systolic velocity (MCA-PSV) is the most reliable non-invasive tool for diagnosis of moderate to severe fetal anaemia. Intrauterine blood transfusion (IUT) should be considered if MCA-PSV rises to 1.5 multiples of median (MoM).

Our objective was to evaluate the relationship between MCA-PSV and fetal haemoglobin (FHb) in fetuses requiring IUT.

A retrospective review of all patients undergoing IUT for fetal anaemia in a tertiary referral centre, over a 10-year period (2011-2020), was conducted. Doppler measurement of the MCA-PSV and sampling of FHb were performed immediately before and after each IUT.

98 IUTs were performed in 46 fetuses. The median FHb prior to the first IUT was 6.95g/dl (range:1.8-10.4g/dl), and in all cases the MCA-PSV was >1.5 MoM. Post-IUT, FHb increased to 16.2g/dl (range:12.2-20g/dl), and MCA-PSV normalised in 45/46(97.8%). 31 pregnancies required a second transfusion, median FHb prior was 8.9g/dl (range:3.0-14.0g/dl) and MCA-PSV was >1.5 MoM in 21/31(67.7%). Post-IUT, FHb was 16.8g/dl (range:13.2-20.0g/dl), MCA-PSV normalised in 30/31(96.7%). 16 cases required a third transfusion. Median FHb prior was 9.85g/dl (range:6.0-12.8g/dl), with MCA-PSV >1.5 MoM in 9/16(56.25%). Post-IUT, FHb increased to 16.85g/dl (range:13.6-19.0g/dl), MCA-PSV normalised in all. Five cases required four transfusions, with median FHb of 9.2g/dl (7.8-10.6g/dl), and MCA-PSV >1.5 MoM in 4/5(80%). Post-IUT, FHb was 17.4g/dl (range:15.5-17.6g/dl), MCA-PSV normalised in all.

This study observes an inverse relationship between MCA-PSV and FHb. Our findings suggest reduced sensitivity of MCA-PSV in detecting severe fetal anaemia in cases requiring successive transfusions.

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HEALTH-RELATED QUALITY OF LIFE IN PREGNANT AND POSTNATAL WOMEN DURING THE COVID-19 PANDEMIC: A CASE CONTROL STUDY

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Abstract

Understanding quality of life (HRQoL) among perinatal women is an essential part of holistic maternity care. The COVID-19 pandemic has significant physical, emotional and social burdens, yet unquantified in an Irish perinatal cohort.

We compared self-reported HRQoL received between women with and without COVID-19 infection during the pandemic at a tertiary maternity hospital.

A prospective case-control study compared 18 perinatal women who tested positive for SARS-CoV-2 and 20 asymptomatic control perinatal women. Demographic characteristics and completed Short Form (SF-12) and Clinical Outcomes in Routine Evaluation-Outcome Measure (CORE-OM) were collated. Means scores were compared.

The mean SF-12 for physical health and functionality in the COVID cohort had significantly lower scores (36.54 vs 49.21, 95% CI, $p<0.0002$). The COVID cohort reported less energy in comparison to women in the Non-COVID cohort (3.27 vs 1.8, 95% CI, $p<0.002$). The COVID cohort also were more limited when climbing stairs (0.083 vs 1.45, 95% CI, $p<0.015$), felt significantly more pain interfering with normal work and life functioning (2.28 vs 1.1, 95% CI, $p<0.016$), and reported significantly poorer results than the Non-COVID cohort when asked about feeling downhearted and blue (2.55 vs 3.56, 95% CI, $p<0.027$). Overall, there was no difference in mental health and wellbeing scores between cohorts.

Among pregnant women who tested positive for COVID-19, there was a significant greater burden on the women's physical health. Mental health and psychological status was similar in both groups.

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HEALTH-RELATED QUALITY OF CARE IN PREGNANT AND POSTNATAL WOMEN DURING THE COVID-19 PANDEMIC: A CASE CONTROL STUDY

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Abstract

Assessing the patients' views on Quality of Care (QoC) is an important element of reflection of services provided within a healthcare institution. The type of care provided in hospitals has changed due to COVID-19. QoC of services and treatments received by pregnant and postnatal women is unknown.

We aimed to compare self-reported health-related QoC received between perinatal women with and without COVID-19 infection at a tertiary maternity unit during the pandemic.

A prospective case-control study including 18 perinatal women who tested positive for SARS-CoV-2 and 20 asymptomatic control perinatal women. Demographic characteristics were collected and all participants completed the validated Quality from the Patient's Perspective (QPP) questionnaire. Means scores in both cohorts were compared.

There were no significant differences in the overall scores between COVID and Non-COVID cohorts in relation to the QoC received including the medical care received, the identity oriented approach of care, and the socio-cultural approaches to care. There was a statistically significant result between cohorts in the physical technical conditions domain, where the women in the COVID cohort reported significantly more satisfaction in relation to nutrition, equipment provided in the room and hospital, and the quality of the hospital bed (4.11 vs 3.4, 95% CI, $p<0.003$).

The overall positive responses on the QoC provided is reassuring. Our results reinforce that a high level of care can be delivered and patient satisfaction can be maintained even while following stringent COVID-19 isolation and infection control management protocols.

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Comparing 3D models of Placenta Accreta spectrum to Surgical findings

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Abstract

PAS is associated with significant maternal morbidity and mortality. We sought to assess whether producing 3D models from MRI images could provide accurate information for pre-operative planning such as distance of defect to the internal cervical os.

Compare 3D models of Placenta Accreta Spectrum (PAS) to surgical and pathological findings using open source application 3D Slicer.

4 DICOM files containing MRI images with varying severity of PAS were modelled using 3D Slicer, an open access software. Placenta, bladder and the interface between myometrial defects and the placenta were modelled. 3D models of myometrial defects were correlated with surgical and pathological findings. The topography of fourteen further cases of placenta accreta were examined to give a total of eighteen cases. Patterns of invasion were determined and compared to estimated blood loss and distance from defect to cervix.

Four women with PAS were included in the modelling case series. Defects at three different placental locations were included. The cases modelled highlight the varying topographies associated with this condition. The defects illustrated in the four 3D models correlates to both surgical and pathological findings in terms of depth and pattern of invasion, location of defect, bladder involvement. Blood loss and topography of the defect from 3D modelling were examined in fourteen further cases. Inferior defects were associated with increased blood loss compared to anterior defects.

3D models may provide additional information to the MDT such as distance from the defect to the cervix. This may assist in selecting patients for uterine conserving surgery.

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Invasive hydatidiform mole - a case report

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Abstract

Gestational trophoblastic disease is a spectrum of disorders arising from abnormal proliferation of trophoblastic tissue. Despite being an uncommon clinical entity, it's correct recognition, management and follow up is important to prevent evolution to neoplasia.

This case report deals with a 28 year old, para 1+0 that presented to EPAU at seven weeks gestation. Departmental ultrasound showed a large cystic structure in the uterine cavity, query hydatidiform mole. She underwent ERPC, with histology indicative of complete mole. One month later, the patient was still experiencing PV bleeding and raised beta HCG. US pelvis revealed inhomogenous bulky tissue in the endometrial cavity, hypervascularity and invasion of the posterior myometrium. CXR was normal. The patient was referred to the Gestational Trophoblastic Disease Centre in Cork and managed with chemotherapeutic methotrexate and serial beta HCG.

A complete hydatidiform mole (CHM) occurs when an enucleate ovum is fertilised by a haploid sperm which duplicates its genetic material (46XX) or two sperm fertilise an enucleate ovum (46XX or 46XY). Invasive moles are diagnosed when there is a persistent elevation in hCG after treatment of a molar pregnancy. An estimated 10-17% of hydatidiform moles will progress to an invasive mole. Invasive moles are treated with chemotherapy

Here we examine a case report of gestational trophoblastic disease. The presentation and management, as well as the importance of proper follow up, is discussed. Despite being an uncommon clinical entity, correct recognition, management and follow up is important to prevent evolution to neoplasia.

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RATE OF DECLINE IN FETAL HAEMOGLOBIN FOLLOWING INTRAUTERINE BLOOD TRANSFUSION - A 10 YEAR REVIEW

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Abstract

Haemolytic disease of the fetus and newborn (HDFN) is characterized by fetal anaemia, secondary to maternal alloantibody-mediated fetal erythrocyte destruction. While RhD immunoprophylaxis has reduced the requirement for intrauterine blood transfusion (IUT), this procedure remains the cornerstone of treatment for severe fetal anaemia.

Our objective was to calculate the rate of daily decline in fetal haemoglobin (FHb) following IUT.

This was a retrospective review of all patients undergoing IUT at the National Maternity Hospital over a 10-year period (2011-2020). Data was analysed and the rate of daily decline was calculated for those after one, two, and three procedures.

In total, 98 IUTs were performed in 46 fetuses, of which 31/98(67%) and 16/98(34.7%) required a second and third IUT, respectively. Median gestational age (GA) at first IUT was 29+1 weeks (17+2-34+5 weeks), and median GA at second IUT was 29+2 weeks (22+0-34+4 weeks). Median rate of decline in FHb between first and second IUT was 0.442g/dl/day (0.12-1.03g/dl/day). Median GA for a third IUT was 32 weeks (26+2-34+5 weeks). The rate of decline in FHb following second IUT was 0.291g/dl/day (0.16-0.43g/dl/day). 5/98(10.8%) required a fourth transfusion, at a median GA of 31+4 weeks (30+0-34+0 weeks). The rate of FHb decline post third IUT was 0.26g/dl/day (0.217-0.317g/dl/day). No fetal or maternal mortality was observed in our series.

This study provides guidance as to the rate of FHb decline post IUT and observed a reducing rate of decline following successive transfusions. It highlights the significant range of decline existing between patients.

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SURGEON- ADMINISTERED ILIO-INGUINAL AND PUDENDAL NERVE BLOCKS FOR VULVAL ONCOLOGY SURGERY: AN EVALUATION WITH VISUAL ANALOGUE PAIN SCORING

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Abstract

Surgical excision of the groin and vulva is a painful procedure. Traditionally following general or regional anaesthesia, local anaesthetic was infiltrated around the wound. The distribution varied and the somatic pain control was not reliable.

Inspired by the success of the application of peripheral nerve blocks for postoperative pain control with open abdominal procedures[1] , we introduced blockade of the ilioinguinal nerve(IIN) and pudendal nerve(PN) into our vulval surgery practice to assess the requirement for parenteral and oral analgesia in the postoperative period.

This is an observational study of all patients undergoing major vulval and/or related groin surgery. Sampling biopsies were excluded. Levobipuvicaine 0.25%(2.5mg/ml) or 0.5%(5mg/ml) were used and dosage was calculated based on the patient's weight with no more than 2mg/kg. For example, using 0.25% of levobupivacaine (2.5mg/ml) for a 70kg patient, 56ml is administered divided into 4, giving 14ml at each site (2 sites abdominally for IIN block and 2 sites for PN block).

Eighteen women were included. Median age was 67 (range 34-81)years and thirteen(72%) were >60 years. Visual analogue scores ranged from 0 to 3 for 17 patients from day 0 to day 1 and 15 patients from day 2 to day 5. Two patients had pain scores >4 on one or more postoperative days: one had chronic arthralgia and one had received a lower volume of bupivacaine.

Ilio-inguinal and pudendal nerve block is a feasible and effective strategy for postoperative pain management in women undergoing vulval surgery.

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LOW DOSE ASPIRIN FOR PREVENTION OF PRE-ECLAMPSIA. A TEACHING HOSPITAL AUDIT

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Abstract

Pre-eclampsia affects about 3-5% of pregnancies, with significant complications. Current evidence shows that low dose aspirin LDA prevents or delay the onset of pre-eclampsia in high-risk patients. The Institute of obstetrics and gynaecology IOG recommends patients who meet the risk criteria should have LDA 75mg before 16 weeks. The risk factors are classified into high and moderate, patients with at least one high risk (e.g. hypertensive disease in pregnancy, renal disease etc) or two moderate risks (e.g. nulliparity, body mass index BMI >34kg/m^2 etc) treated with LDA.

The aim of this study is to assess the adherence to the IOG guideline to identify the risk of pre-eclampsia and use of LDA before 16 weeks.

List of patients in high risk (endocrine) antenatal clinic was electronically generated. All patients above 16weeks were included in the study. Each patient records were reviewed, data collection and analysis by Microsoft Excel.

Total of 65 patients was included in the study. The IOG risk criteria for pre-eclampsia was met in 26% (N=17) patients, only 53% (N= 9) of these were started on LDA before 16 weeks. The mean booking gestation was 12.4 weeks and commonest risk factor was high BMI in 38% (N=22).

This study shows about half of patients with a significant risk of preeclampsia did not get LDA before 16weeks despite appropriate booking appointment. Moderate risk factors like BMI and nulliparity were often overlooked. This result will be used to educate doctors to identify the risks preeclampsia and use LDA when appropriate.

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Impact of COVID-19 on Patients EPAU Bereavement and Counselling

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Abstract

Background: The negative psychological impact of early pregnancy loss can be both severe and protracted for Women and their families. Current COVID-19 restrictions on partner /family presence might further negatively affect outcomes in the EPAU leading to a woman's need for counselling.

Aim: To understand how these restrictions have impacted Women's perception of support and outcomes to the EPAU, to evaluate patient's avenues to offer more support, follow up services during the pandemic for women attending the early pregnancy unit.

Method: All the women referred to the Early pregnancy assessment unit were contacted over a duration of a week. Verbal consent was obtained prior to asking them questions about their experience.

Results: There were 38 respondents. The mean age was 36 years (SD-20). The median gestation was 8 (Range: 0-12). Eighteen (47%) of patients were GP referred. The most common indication was PV bleeding 10 (26%). The appointment was mostly or absolutely suitable for 29 (76%) respondents. About 34 (89%) of respondents felt safety measures were mostly ok or adequate by the EPU staff. Twenty (52%) patients felt the pandemic affected their scan. Majority 31 (82%) felt adequately supported by staff and 23 (61%) would have preferred partner available for negative outcomes.

Conclusion: The pandemic has affected all area of our life and we need to make sure our patient gets the best care in this situation. Having partners involved during the scan would make a horrible situation more acceptable.

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A CASE OF CAESAREAN MYOMECTOMY

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Abstract

The overall incidence of myomas in pregnancy is estimated to be between 0.5-5% (1). Myomas are associated with an increased risk of pre-term labour, breech presentation and placental abruption. The topic of caesarean myomectomy is controversial with concerns for uncontrollable haemorrhage and emergency hysterectomy quoted as the most severe complications.

Here we present the case of a 34 year old G1P0 who presented for elective lower segment caesarean section following an incidental finding of a 5x5cm cervical fibroid on routine antenatal ultrasound. Her past medical history was significant for neonatal embryonic rhabdomyosarcoma of the bladder for which she underwent chemoradiation and ovarian transposition at the age two.

At section, a 3.7KG baby girl was delivered. The uterus was noted to be highly vascular and thus a high transverse incision was made. A 10x10cm cervical fibroid (see figure 1) was excised to facilitate closure of the uterine angles. Estimated blood loss was 1200mls. Both mother and baby recovered well postnatally.

1. Zhao R., Wang X., Zou L., Zhang W. Outcomes of Myomectomy at the Time of Cesarean Section among Pregnant Women with Uterine Fibroids: A Retrospective Cohort Study

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PYREXIA IN LABOUR - COULD IT BE COVID?

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Abstract

The emergence of the Covid-19 global pandemic has influenced every aspect of healthcare. Specific clinical pathways have been developed in order to bring about timely diagnosis and appropriate isolation of possible Covid-19 patients. One such pathway which has emerged in our hospital dictates that all perinatal women who present with or develop a temperature of 37.8 degrees Celsius or higher are to be treated as Covid-19 positive until proven otherwise (i.e. full personal protective equipment (PPE) and isolation is required).

The aim of the study was to determine the utility and efficacy of this particular perinatal Covid-19 pathway.

An audit of all obstetric patients tested for Covid-19 in University Hospital Waterford between the months of April-September 2020 was carried out. Demographics, indication for testing and test results were reviewed

In total, 27 obstetric patients were tested for Covid-19. The most common indications for testing were; pyrexia in labour, post-natal pyrexia, diarrhoea and transfer from another hospital. 100% (27) of the swabs taken were negative.

Although Covid-19 poses a major risk to the health and well-being of pregnant women it must not cloud clinical judgement. We must be specific and selective in those obstetric patients in whom we request Covid-19 tests. Beyond the risk of overlooking commoner causes of pyrexia in labour, the psychological impact of delivering one's baby under strict PPE protocols cannot be underestimated.

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FERTILITY TREATMENT & LIVEBIRTH ARE POSSIBLE FOLLOWING A DIAGNOSIS OF ENDOMETRIAL CARCINOMA OR COMPLEX HYPERPLASIA

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Abstract

Endometrial carcinoma is the most common gynaecological malignancy in developed countries and the second most common in developing countries[1]. While predominantly diseases of postmenopausal women, 7% of cases of endometrial adenocarcinoma and complex atypical hyperplasia occur in women younger than 40 [1]. The standard surgical treatment consists of hysterectomy; however, in a woman wishing to preserve fertility, conservative treatment may be considered.

The fertility outcomes in this population are not well reported. Here we describe a case series of women diagnosed with endometrial hyperplasia or adenocarcinoma during investigations for infertility and their reproductive outcomes at Merrion Fertility Clinic from 2013 to 2020.

We identified 2 women diagnosed with endometrioid endometrial adenocarcinoma, 3 with complex hyperplasia and one with complex hyperplasia with atypia bordering on adenocarcinoma. All patients were referred to Gynaecology Oncology and 5 were carefully deemed suitable for conservative management with oral progesterone or a levonorgestrel intrauterine device. Follow-up endometrial biopsy showed disease regression and all 5 attempted IVF. 4 of 5 women were successful in conceiving and delivering a live born baby. One had two children following ART.

In this case series of women with serious endometrial pathology, including carcinoma, 83% achieved a livebirth following ART. Time is of the essence because of the risks of disease recurrence and progression.

Early referral to fertility services and early consideration of ART is critical. Careful work up of all fertility patients also enables early detection of this disease with subsequent favourable outcomes.

1. Global cancer statistics 2018:GLOBOCAN Cancer J Clin.Sep 2018

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CAESAREAN SECTION RATE IN CASES OF FETAL ANOMALY

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Abstract

In the management of pregnancy complicated by a fetal anomaly (FA), the choice of delivery method depends on a number of factors and a careful review of the nature of the anomaly.

The purpose of this audit was to determine the caesarean section(CS) rate in cases of FA.

This was a retrospective review of all cases of fetal malformation diagnosed in the National Maternity Hospital for 2018 and 2019. The overall CS rate was determined for this cohort of patients and compared to the overall CS rates in the hospital during this time period. Subanalysis was performed to determine the CS rates by type of fetal anomaly.

In 2018 there were 590 FA cases, of which 113/590 (19%) had a CS. In 2019, there were 496 diagnosed cases of FA, of which 163/496 (32%) were delivered by CS. This compares to the overall hospital CS rates in 2018 and 2019 if 28.9% and 30.3% respectively. In both years, malformations of the central nervous system (19% of cases in 2019, 27% in 2018) and cardiovascular system (18% of cases in 2019, 12% in 2018), were the most likely to be delivered by CS.

This data suggests that the diagnosis of a fetal anomaly does not appear to increase the risk of having a CS. The decision on mode of delivery should be made after careful consideration of the individual case and and the type of underlying FA.

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SUSPECTED PLACENTA ACCRETA SPECTRUM PRESENTING AS OBSTETRIC EMERGENCY; A CASE REPORT

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Abstract

Placenta accreta spectrum refers to a range of pathologically adherent placenta; including placenta accreta, placenta increta and placenta percreta[1]. Although ultrasound and MRI have improved antenatal diagnosis, up to 50% of cases are often undiagnosed[2]. It is important to identify patients at risk though appropriate screening to minimise maternal morbidity and mortality.

A 37-year old G6P5 presented at 31+5 weeks with painless unprovoked vaginal bleeding. Previous pregnancies were uneventful. She was a smoker but was otherwise healthy. Routine transabdominal ultrasound showed a well, but growth restricted fetus and a fundal placenta. However, a transvaginal scan identified a low-lying placenta and queried accessory lobe.

At 36+6 weeks an emergency lower segment caesarean section was performed for spontaneous rupture of membranes and pains with breech presentation. A live male growth restricted infant was delivered. During the surgery, placenta increta was supected. The massive obstetric haemorrhage protocol was initiated, and she received multiple transfusions. To achieve haemostasis, uterotonic drugs were administered, a bilateral uterine artery ligation was performed and a intrauterine balloon was inserted. Given the estimated blood loss of 4.4 litres, she was transferred to the intensive care unit for invasive monitoring and inotropic support. She recovered well and was appropriately debriefed. Long-acting contraceptive options as well as risks associated with future pregnancies were discussed.

Placenta accreta spectrum is a serious disorder associated with life-threatening haemorrhage, massive blood transfusion and peripartum hysterectomy. Any woman at risk of a suspected placenta accreta spectrum should be counselled about the potential risks and complications.

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CALCULI IN AN INCONTINENT URINARY ILEAL CONDUIT

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Abstract

Pelvic exenteration has an established role in the management of central pelvic disease in the primary and recurrent setting after radiotherapy. After the bladder is removed urinary outflow is established through an isolated segment of small bowel or colon fashioned as continent or continuous flow incontinent conduits. Nowadays colonic conduits are favoured above ileal conduits. We report urolithiasis as a rare complication of an incontinent ileal conduit

A 42 year old had a postoperative diagnosis of stage IB squamous carcinoma of cervix following hysterectomy for menstrual dysfunction at a peripheral hospital. One year later a vaginal vault recurrence was treated with chemoradiotherapy. She suffered a further relapse after 6 months and underwent total infralevator pelvic exenteration with reconstruction by urinary ileal conduit and end colostomy.Twenty years later she remains cancer free.

Twelve years post exenteration she developed multiple calcified stones up to 2 cm in diameter within her urinary pouch. She subsequently had recurring urinary tract infections and developed an obstruction to left ureteric urine flow. Attempts at antegrade stenting of that ureter failed. Despite continued nephrostomy drainage for seven years her left renal function declined and renal artery embolization was performed. Renal function was well preserved in her right kidney.

One year later she experienced major recurrent bleeding from her ileal conduit that necessitated red cell transfusions. Repeat pouch endoscopy revealed no lesions. CT scan shows coalescence of the urinary calculi to 6 cm in diameter. Findings suggested infection induced glomerulonephritis aetiology and she is under active management.

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AN AUDIT OF ELECTRONICALLY RECORDED CLINICAL DATA: CAN ELECTRONIC DATA RELIABLY INFORM FUTURE RESEARCH?

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Abstract

Electronic medical data storage typically depends on staff inputting data from paper charts to an electronic hospital-owned server, which may lead to potential human error.

The aim of this study was to objectively examine the accuracy of hospital-held electronic patient data. This was achieved by cross-referencing electronic data with the paper-based hospital chart.

The audit was carried out in a third-level teaching maternity hospital by retrospectively selecting 15 charts at random from each of the years 2015-2019 (n=75) and comparing the computerized hospital records with the paper-based chart. A total of 10 patient-based characteristics and demographics were examined, including maternal age, parity, previous mode of delivery, estimated due date, infants gender, date and time of delivery, Apgar scores, arterial cord pH, estimated blood loss at delivery and perineal injury.

The results showed that electronic records are documented with an extremely high degree of accuracy. 99.33% (745/750) of electronically recorded data agreed with the clinical recordings in the patients' paper-based chart. The maternal age, EDD, parity, gestation, epidural, gender, mode, Apgars, pH, blood loss and time demographics were recorded with 100% (75/75) accuracy. The degree of perineal injury was recorded with 96% (72/75) accuracy. The onset of labour was recorded with 97.33% (73/75).

This study proves that electronic records are an accurate source of clinical data. However, clinicians should be cognizant of potential discrepancies between written and electronic medical record when collecting data for research and audit. Internal audit is necessary to achieve highest quality of care within an organization.

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AN UNUSUAL CASE OF A GIANT FETAL FACIAL TUMOUR

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Abstract

We present the management of a complex case of a 32 year old para 1 who presented with a fetal facial tumour. The mass initially measured 4 x 3.5 x 3 cm at 22 weeks' gestation and was a largely cystic lesion with a small solid component. The mass rapidly increased in size by 30 weeks' gestation. The cyst required drainage twice in the pregnancy to reduce the compression effects on the fetal orbit and optic nerve, once at 33 weeks' gestation and again immediately prior to caesarean delivery, at which point it was measuring 11 x 10 x 10 cm size. The lesion rapidly refilled on both occasions. Postnatally the baby's mandible was displaced posteriorly and palate high arched due to the mass effect. Histology confirmed a teratoma with the solid component containing neuroglial tissue. A teratoma is the most common solid neonatal tumour with about 5% of teratomas occurring in the head and neck and 1.6% of teratomas having facial origin. The baby was transferred to a tertiary children's hospital for postnatal care and tumour resection.

This case highlights the complexities and challenges surrounding the diagnosis and management of a giant fetal facial tumour. In the context of a fetal head and neck tumour, fetal MRI is a useful adjunct to aid with diagnosis, effects of the tumour on the surrounding structures and for delivery planning to assess if there is any concern regarding potential airway obstruction and was particularly helpful in the context of this case.

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Case Report – Placenta Chorioangioma

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Abstract

A 29 year old nulliparous female was referred to the National Maternity Hospital at 28+5 weeks gestation with a differential diagnosis of placental chorioangioma. Ultrasound examination at 31+4 weeks gestation showed a posterior upper placenta with a well circumscribed area of mixed echoes, 5.2 x 5.5cm, likely representing a chorioangioma. The umbilical vein, IVH and IVC appeared dilated. Cardiac echogram demonstrated a dilated right atrium and right ventricle. Based on the ultrasound findings placental chorioangioma was diagnosed. She was followed up every 2 weeks aiming for delivery at 39 weeks in NMH. She delivered prior to this and had a SVD at 38 weeks in another hospital of a baby boy weighing 3040g. He was subsequently diagnosed with trisomy 21.

Placental chorioangioma is a benign tumour. Incidence is 1 in 5,000 pregnancies. Ultrasound features display a hypo or hyperechoic, well circumscribed mass near the umbilical cord insertion and can protrude into the amniotic cavity. Colour dopplers can show large vascular channels around the tumour. Usually they are asymptomatic and tumours >4cm are rare. Larger tumours are associated with fetal anaemia, thrombocytopenia, heart failure, hydrops, polyhydramnios and perinatal mortality of 30-40%. Detailed ultrasound including echocardiogram and MCA PSV is recommended. Follow up scans should be done every 2 weeks to monitor growth of the tumour, heart function, MCA PSV and AFI. Patients are advised to deliver in a hospital with NICU, aiming for a vaginal delivery 38 weeks.

In this case we illustrate the diagnostic ultrasound features, discuss management and treatment.

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UTERINE TORSION A CASE REPORT

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Abstract

Torsion of the pregnant uterus is defined as rotation of more than 45° around the longitudinal axis of the uterus. Although most of the cases remain unexplained, some of the cases described in the literature are associated with pre-existing gynaecologic conditions.

We report a case of 180-degree torsion of uterus at 39+3 weeks of gestation associated with abruptio placentae without apparent risk factors. Our patient is a 33 years old para 2+1 previous normal deliveries, had regular antenatal care, presented to maternity unit at 35+6, 37 and 38 weeks with lower abdominal pain and pressure symptoms. Her examination revealed soft lax abdomen with cephalic presentation and closed cervix. The CTG and ultrasound were normal at each visit.

At 39+1 weeks presented again with irregular pain, reduced fetal movement and mucous vaginal discharge. Her CTG was reactive. That evening she had mild spotting and pressure symptoms, examination revealed mild bleeding, amnisure test was positive. The scan showed normal growth, placenta posterior high, normal AFI and doppler.

The patient continued to have pain, on examination there was moderate bleeding and the cervix could not be reached. A working diagnosis of placental abruption was made, and an emergency caesarean section performed. Intraoperatively a 180° left uterine torsion was diagnosed and manually corrected then we proceeded to transverse lower segment caesarean section.

A healthy 3060 gram female baby was delivered. The placenta showed a retroplacental clot. The patient recovered well and was discharged on the fourth day postoperative.

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A giant ovarian cyst. Or is it? – a case report

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Abstract

Background

We present a case of a 16 year-old patient, nulligravida, who was referred to the gynaecology services with pelvic pain and intermittent bloating ongoing for 6 months. Last menstrual period was three weeks prior to presentation and no gynaecological history was noted. Surgical history was significant for a tonsillectomy. Past medical history included asthma and depression.

Methods

On examination, the patient was vitally stable and her abdomen was generally distended with mild lower abdominal discomfort on palpation. No abnormality was noted on sterile speculum examination. A urinary βhCG and abdominal ultrasound were requested.

Results

Urinary βhCG was negative. Routine bloods were normal. Abdominal ultrasound revealed a large intra-abdominal and pelvic cyst measuring 28x24x12cm with associated right hydronephrosis. Following this, the patient underwent laparoscopy with subsequent aspiration of 5310ml cystic fluid, right sided salpingectomy and partial oophorectomy.

Recovery was complicated by a urinary tract infection however was discharged well on day three post-operatively. Histology revealed a simple cyst with serous epithelial lining with no evidence of malignancy.

Conclusions

Large tubo-ovarian cysts are not uncommon. Laparoscopic excision is a feasible technique; however, it depends on surgical experience, availability of instruments, the nature of the cysts, and both blood and radiological investigations. In our case we demonstrate the benefit of laparoscopy in reducing morbidity, despite the technical difficulty in removing such a large cyst.

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DETERMINING THE SURVIVAL RATES OF VERY PRETERM INFANTS WITH ABSENT OR REVERSED END DIASTOLIC FLOW

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Abstract

To determine survival rates of infants with abnormal umbilical artery dopplers (UAD) delivered prior to 28+6 weeks gestation.

A retrospective review of singleton pregnancies with absent end diastolic flow (AEDF) or reversed end diastolic flow (REDF), diagnosed between 24+0 and 28+6 weeks gestation, from January 2016 through July 2020 in a large Irish tertiary centre. Data was analysed and compared across two clinical groups; 1. Infants delivered <27+0 weeks and 2. Infants delivered from 27+0 to 28+6 weeks. Statistical analysis was performed using the Chi Square Test.

A total of 24 infants were included. The median gestational age of diagnosis of doppler abnormalities was 26 weeks. 9/24 (37.5%) had REDF and 15/24 (62.5%) had AEDF. The median gestational age at delivery was 27+2 weeks and birth weight (BW) was 575g. There was a survival rate of 63% in this cohort, compared to an overall survival rate of 85% at this gestation. There were 3 intrauterine deaths (IUDs). For infants delivered prior to 27 weeks gestation the average BW was 462g and survival rate was 3/7 (43%). For delivery from 27+0 to 28+6 weeks gestation the average BW was 704g and survival rate was 12/17 (71%). There was no significant difference observed in the survival rates between the groups, P=0.2.

Abnormal UAD were shown to be associated with adverse outcomes in infants when diagnosed prior to 28+6 weeks gestation, with survival rates as low as 43% to 71% observed in these groups.

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AN AUDIT OF THE CATEGORY 1 LOWER SEGMENT CAESAREAN SECTIONS AT WEXFORD GENERAL HOSPITAL OVER A 6 MONTH PERIOD

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Abstract

AN AUDIT OF THE CATEGORY 1 LOWER SEGMENT CAESAREAN SECTIONS AT WEXFORD GENERAL HOSPITAL OVER A 6 MONTH PERIOD

There were 817 deliveries in Wexford General Hospital between April – September 2020, and 32 category 1 lower segment caesarean sections (LSCS). Bleep 2222 indicates an obstetric emergency and is used for immediate transfer of the patient to theatre for delivery.

To assess the indication for category 1 LSCS.

To evaluate the obstetric history, intrapartum course, and outcome of delivery.

Charts of patients who underwent a category 1 LSCS were reviewed and analysed for obstetric history, induction vs spontaneous labour, whether instrumental delivery was attempted, type of anaesthetic, whether 2222 bleep was activated, time from decision to delivery, Apgars of baby and SCBU admission, maternal postnatal complications.

12/32 patients were multiparous (37.5%).

20/32 patients were primiparous (62.5%).

16/32 (50%) patients were in spontaneous labour, 13/32 (40.6%) were induced and 3 (9.375%) patients were not in labour.

Instrumental delivery was attempted in 4 cases.

16 patients had general, 14 patients had epidural and 2 patients had spinal anaesthetic.

Time from decision to delivery ranged from 4 to 40 minutes.

There was a wide range of Apgars, with 16 babies (50%) having an Apgar score of 10 at 5 minutes.

There were 230 LSCS during this 6 month period (28% deliveries). 32 LSCS were category 1 (3.9% deliveries). Use of bleep 2222 was documented in 71.8% cases.

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PATIENT SATISFACTION WITH OUTPATIENT HYSTEROSCOPY SERVICE IN WEXFORD GENERAL HOSPITAL

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Abstract

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Outpatient Hysteroscopy (OPH) is a well-tolerated procedure and reduces burden on theatre time, while being a cost effective alternative to day case hysteroscopy.

Aim to assess patient satisfaction with an outpatient hysteroscopy service in terms of communication, patient comfort and organisation of service.

An anonymous survey asked 36 patients questions relating to their understanding of the procedure, the plan for follow up, and their general satisfaction with the procedure.

Ages ranged between 29-73 years. 33 women were multiparous, and 3 nulliparous. 23 waited less than one month, 13 less than six months, and none waited more than six months for an appointment. All patients received the patient information leaflet prior to attending, and all found it easy to understand. All patients found it easy to ask questions prior to the procedure. All patients felt that their respect, dignity and privacy was maintained throughout, and all found the staff courteous and polite. 6 patients found the procedure less comfortable than expected, the remaining 30 found it more comfortable or as expected. All patients understood the plan for follow up. All patients found the service either very good or excellent, and all answered that they would choose this method of having the procedure again.

OPH is well received by patients. There is potential in future to survey a larger group, to get a wider understanding of people's experience.

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A 12 MONTH RETROSPECTIVE REVIEW OF DIAGNOSTIC YIELD AND COMPLICATIONS AT AN OUTPATIENT HYSTEROSCOPY CLINIC.

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Abstract

Outpatient hysteroscopy is a suitable alternative to daycase hysteroscopy and is both cost effective and well tolerated by patients.

Review all the patients who attended the outpatient hysteroscopy clinic over a twelve month period. Complication rates, failed hysteroscopy, correlation of suspicious findings with abnormal histology, requirement for local anaesthetic and rates of abnormal findings at hysteroscopy were reviewed.

A retrospective review of patients attending OPH over a twelve month period. Data was collected and analysed using Microsoft excel.

A total of 269 hysteroscopies were performed. The most common indication was abnormal uterine bleeding 44.6% followed by post-menopausal bleeding 29.8%. 136 patients had a normal hysteroscopy, 57 polyp present, 20 coil removed, and 31 atrophic. Other findings included septum and pyometra. Five hysteroscopies were deemed suspicious and histology was adenocarcinoma, hyperplasia with atypia and simple hyperplasia in four of these. No patients with normal hysteroscopies had concerning histology.

A total of 48 patients went on to have a daycase procedure; 40 truclear polypectomy/myomectomy and 5 for failed OPH. The complication rate was minimal there were no perforations however two women experienced a vasovagal during hysteroscopy. No patients required local anaesthetic during this 12 month period. Overall 90% of women had an ultrasound performed prior to attending hysteroscopy clinic.

The OPH service has a failure rate of 1.8%. All cancer and hyperplasia at histology were deemed suspicious at hysteroscopy. We plan to expand our service by offering truclear polypectomy as an outpatient to further reduce the burden on operating theatres.

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A RARE CASE OF CAESAREAN SCAR ECTOPIC PREGNANCY

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Abstract

Ectopic pregnancy is defined as any pregnancy implanted outside the uterine cavity. Ectopic pregnancy accounts for 2-3% of all pregnancies. More than 90% occur in the fallopian tube with the remainder occurring in other locations including the ovary, cervix or caesarean scar. CSEP accounts for 6% of all pregnancies in women with a previous caesarean section. The optimal treatment of caesarean scar ectopic is unknown.

Caesarean scar ectopic pregnancy (CSEP) is a rare phenomenon with an incidence of one in 2,000 pregnancies. We present a case where a patient with a previous history of caesarean section presented with CSEP at six weeks of gestation. The clinical course and management of this condition is outlined.

The literature surrounding this topic describes a variety of management options. Treatment of CSEP can be highly complex and is associated with a high risk of complications including major haemorrhage and emergency hysterectomy. Simultaneous systemic and intragestational methotrexate injection appears to be the management option with the lowest complication rate.

In this case, the management of systemic methotrexate with subsequent dilation and curettage was complicated with haemorrhage. Based on the literature, it could be suggested that initial management with both systemic and intragestational methotrexate or earlier dilation and curettage may have been preferable.

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REVIEW OF FERTILITY PATIENT BEHAVIOUR DURING THE FIRST WAVE OF SARS-CoV-2

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Abstract

On March 6th 2020, Ireland documented its first case of SARS-CoV-2. Fertility treatments were temporarily suspended as per The American Society of Reproductive Medicine and The European Society of Human Reproduction and Embryology. Across Europe artificial reproductive treatments were paused for a mean of 7 weeks. Merrion Fertility Clinic suspended assisted reproductive treatments on March 20th 2020 and reopened for limited services on May 11th 2020, while continuing remote consultations.

The objective of this study was to review patient behaviour and attitudes with regard to fertility treatment and spontaneous conception during this time.

A retrospective review was carried out of patient referrals to Merrion Fertility Clinic during the 'lockdown' period. The number of spontaneous conceptions reported was also determined. Trends were compared to those during the same period in 2019.

In total, 209 referrals were received between March-May 2020 compared with 358 during the same period in 2019. 420 consults were carried out versus 592 in 2019. Following cessation of reproductive treatments, 25 spontaneous pregnancies with estimated conception dates between March 16th-May 25th were reported. 27 were reported during the same period in 2019.

When fertility services were scaled back, spontaneous pregnancies continued at similar levels to previous years but the number of referrals and appointments dropped. This suggests that the desire to conceive outweighs concerns regarding SARS-CoV-2 in pregnancy in a subfertile population but that there was a reluctance to engage with medical services. Contrary to popular belief, the rate of spontaneous conception did not increase during this time.

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A CLINICAL AUDIT OF VENOUS THROMBOEMBOLISM (VTE) RISK FACTOR ASSESMENT IN UNIVERSITY HOSPITAL GALWAY (UHG).

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Abstract

The purpose of this audit was to investigate if women were being correctly managed based on their VTE risk in the peripartum period. According to the RCPI, all pregnant women should have a documented risk assessment at their booking visit, at every hospital admission after delivery and on discharge and then treated according to their risk.

The purpose of this study was to identify if the RCPI guidelines were being adhered to and also to identify if any mistakes were made when assessing VTE risk factors or prescribing heparin.

This study included fifty-six women discharged from the post-natal ward in UHG between the period of 12/9/20 and 1/10/20. Information was collected from their charts post-discharge.

VTE prophylaxis risk assessment wasn't completed at booking visit in 23% (n=13) of the women. It was incorrect in 21% (n=12). Thirty-six women were admitted antenatally, of those a VTE prophylaxis risk assessment wasn't completed in 47% (n=17) and was incorrectly assessed in two. The post natal risk assessment wasn't done in 44% (n= 25) of women and was incorrectly assessed in five. Sixteen woman went home on Tinzaparin. Mistakes with either timing or dosing was made in 4 cases. Two women were not prescribed Tinzaparin, though indicated.

The MBRRACE report showed that better recognition of risk factors for VTE and the increased use of thromboprophylaxis is an effective method to reduce the mortality associated with VTE. However, this audit showed that errors are common and more clarity is needed when assessing patients.

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An audit on swabs counts documentation following vaginal delivery in Maternity Unit of Our Lady of Lourdes Hospital, Drogheda

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Abstract

Retained objects are considered preventable occurrence and careful counting and documentation can significantly reduce, if not eliminate incidents. Although significant morbidity from such an event is unlikely, there are many reported adverse effects, including symptoms of malodorous discharge, loss of confidence in providers and the medical system, and legal claims.

Review the swab counting procedure based on the NHS guidelines and identify common pitfalls, which can result in swabs and instrument retention during instrumental delivery.

Randomly sampled clinical notes of patients who had vaginal deliveries and subsequent perineal repair between January and June 2019 were analyzed. Data was recorded on a standardized proforma capturing the biodata, nature of perineal tear and swab count documentation. This was anaylsed statistically.

Fifty women who had vaginal delivery were recruited. Over two-third of the women were between 26-35years and 70% had spontaneous vertex delivery. Ninety-eight percent delivered in the consultant led unit while 2% delivered in midwifery led unit. Ninety percent perineal injuries were repaired in delivery room.10% of patients were transferred to theatre of which 28.6% was for repair of perineal tear who all had SBAR completed prior to transfer. Swab count was documented in sixty-eight percent of cases and only 26.5% completed the swab count checklist.No swab count discrepancy identified.

In summary, 68% cases had swabs documented. 100% SBAR use was commendable at patient transfer to theatre. Inconsistency in use of swab count checklist and swab counter/stickers were also noted. We recommended routine checks, re-audit and refresher sessions for quality improvement.

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DOES WEARING A FITBIT INCREASE PHYSICAL ACTIVITY LEVELS IN GESTATIONAL DIABETES?

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Abstract

Gestational Diabetes Mellitus (GDM) is one of the most common complications of pregnancy today. Worldwide, prevalence of GDM is increasing in tandem with increasing rates of obesity and Type Two Diabetes Mellitus. Lifestyle modification in the form of dietary advice and exercise programs forms the foundation of both prevention and treatment of GDM. Current guidelines recommend 150 mins of moderate intensity activity per week throughout pregnancy

The aim of this research is to investigate whether wearing a Fitbit will increase physical activity to guideline recommendations in women with GDM. An additional aim is to identify women's perceived barriers to physical activity when pregnant.

Women attending Portiuncula University Hospital who were diagnosed with GDM were invited to participate in the study. Participants were surveyed regarding their PA habits using a questionnaire (IPAQ) in addition to their perceived barriers to being active (CDC questionnaire) at two time points during the duration of the study. Half of the participants were given PA monitors (Fitbit™ Inspire) to wear. No additional advice regarding PA was given to the women who received the monitoring devices.

The results showed that advice alone given on exercise is not enough to encourage women to follow the guideline recommendations of physical activity during pregnancy. The addition of a fitness tracking device further encourages compliance with guideline recommendations by providing feedback to participants on daily PA.

Wearing a Fitbit™ increases physical activity in women with gestational diabetes supporting them in achieving guideline recommendations.

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An Audit of the Management of Third and Fourth Degree Tears in Cork University Maternity Hospital.

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Abstract

AN AUDIT ON THE MANAGEMENT OF THIRD AND FOURTH DEGREE TEARS IN CORK UNIVERSITY MATERNITY HOSPITAL.

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According to guidelines published by IOG, approximately 85% women with vaginal delivery will sustain some perineal trauma; 60-70% requiring suturing. Sultan, et al. (1993) reported an incidence of 0.5-3% for third and fourth degree tears in Europe. Donnelly et al., (1998) report 25% primiparous women experience altered faecal continence postnatally and one third have evidence of some anal sphincter trauma post delivery. It is for these reasons that we have decided to conduct an audit into management of third and fourth degree tears in CUMH.

Our aim was to identify practices surrounding repair and management of third and fourth degree tears in CUMH as compared to the guidelines set out by the IOG and the RCOG.

A list of patients experiencing third and fourth degree tears was compiled using the electronic chart and paper registry in CUMH. A proforma was then developed to answer questions regarding the repair and management of third and fourth degree tears.

Reference: Management of Obstetric Anal Sphincter Injury, Insitute and Obstetric and Gynaecology, 2011 (Revision Date: 2014).

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DAILY LOW-DOSE ASPIRIN TO REDUCE THE RISK OF PRE-ECLAMPSIA: AN AUDIT OF CURRENT PRACTIVES IN PORTIUNCULA UNIVERSITY HOSPITAL

Tariq Bholah, Lisa O'Sullivan, Marie-Christine De Tavernier
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Abstract

Daily low-dose aspirin is a recognised safe and effective intervention in reducing the risk of pre-eclampsia in pregnant women with risk factors. An audit was done to assess the clinical practices in PUH against the NICE guidelines with respect to aspirin use in those at risk of pre-eclampsia.

Fifty (n=50) women who were either pregnant or had recently delivered in PUH in May 2020 were randomly selected. Their booking visit checklist and contemporaneous notes were screened for patient demographics and risk factors for pre-eclampsia. An audit was conducted to evaluate whether aspirin was prescribed appropriately.

Ten (n=10) women fulfilled the criteria to be considered high risk as per the NICE guidelines. Six (60%) had one major risk factor. 40% of the women had two moderate risk factors. Four women (40%) were started on aspirin. Three (30%) patients were commenced on aspirin at their booking visit (all before sixteen completed weeks). One patient (10%) was not prescribed aspirin until twenty-six weeks gestation despite having two moderate risk factors at booking at twelve weeks. Four (40%) women with one major risk factor and two (20%) women with greater than one moderate risk factor were not started on aspirin. One patient commenced on aspirin did not meet any criteria to be considered high risk.

The rate of administration of low-dose aspirin to high-risk women at our institution was generally low. Better education to staff and a more streamlined method of identifying risk factors will need to be implemented.

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CENTRAL SENSITIZATION INVENTORY AND PAIN RELATED COMORBIDITIES IN ENDOMETRIOSIS

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Abstract

Endometriosis-associated pain may be due to disease-specific and/or non-disease specific factors such as central sensitivity syndromes and other pelvic pain-related co-morbidities thought to be related to underlying central nervous system sensitization. A key clinical problem is the identification of the endometriosis patient whose pain is primarily due to central sensitization, in whom conventional treatment may not be effective. The Central Sensitization Inventory (CSI) is a questionnaire which has potential to distinguish between centrally sensitized and non-sensitized individuals in the planning of treatment.

The study objectives were to assess the interrelatedness of central sensitivity syndromes and other pelvic-pain related co-morbidities, and to determine if they are associated with CSI scores.

This study involved a prospective data registry at a tertiary endometriosis center. Starting in January 2018, the CSI was incorporated into the baseline questionnaires for the data registry. Included were people aged 18-50 with endometriosis, who were referred to the center between January 1st and December 31st, 2018, and who consented to inclusion in the data registry. Bivariate associations were tested between variables of interest, CSI scores and other characteristics. CSI differences were determined using ANOVA and a post-hoc Tukey test.

Data from 335 participants was analyzed. The majority of the central sensitivity syndromes and pelvic pain-related co-morbidities were interrelated ($p<0.001$). An increasing number of central sensitivity syndromes and pain-related co-morbidities were significantly correlated with CSI scores (1-100) ($r=0.731$, $p<0.001$).

The CSI may be a practical tool for clinicians to assess for central sensitization in patients with endometriosis.

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NATIONAL VARIATION IN THE ADMINISTRATION OF ANTENATAL CORTICOSTEROIDS - A PHYSICIAN SURVEY

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Abstract

Antenatal corticosteroid therapy (ACT) is effective in reducing morbidity and mortality in preterm infants regardless of mode of delivery; however, ACT's efficacy peaks at 48 hours post administration and wanes after seven days, therefore should only be prescribed where there is a real clinical suspicion of, or indication for preterm delivery. Previous studies have shown that only 13% of growth restricted fetuses received appropriately timed ACT and repeated doses of ACTs have been associated with lower birth weight and microcephaly.

Our primary aim was to interrogate prescribing practice with regard to the administration of ACT in five distinct clinical scenarios and secondarily to assess if this varies by geographical location.

We invited practicing obstetricians/gynaecologists via a multi-modal approach of direct email contact to all the relevant units and social media alerts (Twitter, Facebook) to partake in an online physician survey utilising a data collection platform. We gathered demographic data including geographical location and employed Likert scale assessments to gauge obstetricians' attitudes to the prescription of ACT in predefined clinical scenarios.

A data set of 127 respondents was analysed using simple descriptive statistics in GraphPad. Quantitative and qualitative data revealed a large variation in the approach to ACT primary and repeat prescription nationally; this variation was influenced by geography and experience of the obstetrician.

Evidence based consensus via a robust national clinical guideline and regular clinical audit is needed to address this variation in practice in order to optimise timing and administration of ACT, and ultimately improve neonatal outcomes.

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REVIEW OF EXPECTANT MANAGMENT OF ECTOPIC PREGNANCY IN ST LUKE'S HOSPITAL.

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St Lukes hospital, kilkenny, Ireland

Abstract

REVIEW OF EXPECTANT MANAGMENT OF ECTOPIC PREGNANCY IN ST LUKE'S HOSPITAL. N.Naseer,S.Azad,N.yuddandi,

Obstetrics St Luke's General Hospital Kilkenny.

Expectant management is a reasonable option for appropriately selected and counselled women.

This study was conducted to see adherence to standard RCPI guideline.

It is a Retrospective audit of ectopic pregnancy patients from January to December2019 in SLGH. Who had expectant management with inclusion criteria. We analyzed that In decision making consultant was involved or not ,was it an informed decision by patient, IMEWS were recorded at each visit, was Anti D given where needed, were weekly serial bhcg and transvaginal scan repeated if clinically indicated and written information was provided or not .

The result of audit showed 5 patients that had expectant management in 2019. One out of five needed medical management. In 80% patients consultant in charge was informed, 100% patients were fully informed and involved in the decision making of expectant management. All patients had serial bhcg and IMEWS recorded on every visit. 80% patients were Rh pos and 20% patient blood group was not checked .None of the patients had transvaginal scan repeated and all patients were given written information and lacking its documentation.

Expectant management is one of the options in selected women provided they have minimal symptoms and are compliant with follow-up. Counselling with risks and benefits should be informed mainly avoiding surgery. Consultant led care and provision of written information and documentation in the charts are essential.

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MANAGEMENT OF ECTOPIC PREGNANCY IN A TERTIARY MATERNITY HOSPITAL WITH FOCUS ON SURGICAL APPROACH - A 5 YEAR REVIEW.

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Abstract

The incidence of ectopic pregnancy (EP) in Ireland is 14.8/1000 maternities. These women require urgent assessment and management – conservative, medical (methotrexate, MTX) or surgical (laparoscopic salpingectomy, LS, most commonly). Over a 5-year period, 570 women underwent management for EP in our centre. Unlike conservative and medical management, the reintervention rate for those surgically managed was low however re-admission was observed.

Our objective was to examine treatment methods, re-intervention rate of each and to analyse surgical methods and cause for re-admission.

This is a retrospective analysis between 2014-2018. Cases were identified from laboratory records, charts obtained and data was collated using excel.

570 EPs were managed in NMH over this period. 61(10.7%) managed conservatively with four(6.6%) requiring re-intervention (3x MTX, 1x LS). 189(33.2%) initially managed with MTX, with 44(23.3%) requiring re-intervention |(10x 2nd dose MTX, 34x LS). Four of those who received 2nd dose MTX subsequently required LS.

294(51.6%) managed surgically. Data was inconclusive in 44 patients. From 250 analysed, 8(3.2%) required laparotomy, the remainder treated laparoscopically 242(96.8%). 99(39.6%) underwent emergency surgery, while 151(60.4%) were elective. 22(8.8%) required re-admission post-operatively - 12(54.5%) for pain, four(18%) for infection, three(13.6%) for bleeding.

8.8% required re-admission post operatively, with over half re-admitted for pain management. We hope to tailor analgesia and ensure patients are counselled on pain management, to reduce need for re-admission. Of concern, 40% required emergency intervention. We aim to identify modifiable risk factors that increase likelihood of emergency surgery.

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A Case Report of SMARCA4 Mutated Small Cell Carcinoma of the Ovary of Hypercalcaemic Type (SCCOHT) (Large Cell Variant)

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Abstract

Background

Small cell carcinoma of the ovary hypercalcaemic type (SCCOHT) represents <0.05% of ovarian cancers. It is aggressive and carries poor prognosis and median age of diagnosis is 30 years. There is SMARCA4 gene mutation in >95%, showing genetic and biomolecular similarities to malignant rhabdoid tumours. There is a paucity of evidence regarding standard management, constituting a diagnostic and clinical challenge given its rarity and poor standardised therapeutic approaches. Multi-modality treatments including cytoreductive surgery with chemotherapy are often considered.

Case

A 38-year-old female presented with abdominal distension, abdominal pain, reduced appetite, urinary frequency, bowel changes, night sweats, weight loss, limited deep inspiration and fatigue. CT-TAP identified a large cystic, nodular pelvic mass with enhancing solid components, large volume intra-abdominal ascites with peritoneal and diaphragmatic metastases. CA125 (323U/mL) and LDH (332U/L) were elevated. PTH-independent calcium (2.9mmol/L) was treated with bisphosphonates. An ultrasound guided biopsy taken for histology revealed SCCOHT (large-cell variant) with absent SMARCA4 immunohistochemical staining. Primary cytoreductive surgery was proposed. Severe hyponatremia and acute clinical deterioration evolved requiring ICU admission. The patient developed abdominal compartment syndrome with multi-organ failure, requiring haemodialysis and inotropic support. A repeat CT scan, <2 weeks following admission confirmed significant increased tumour volume with disease progression. MDT review concluded inoperability and unsuitability for chemotherapy treatment due to rapid clinical deterioration. Multi-organ failure ensued and patient passed away 18 days following admission.

Conclusion

SCCOHT is particularly aggressive with patients developing progressive or recurrent disease despite treatment. Literature is limited with minimal case series and 500 case reports.

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TWELVE MONTH REVIEW OF MAJOR OBSTETRIC HAEMORRHAGE (ESTIMATED BLOOD LOSS >2.5L) IN WEXFORD GENERAL HOSPITAL

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Abstract

Obstetric haemorrhage is a leading cause of maternal morbidity and mortality. Frequent audit of cases of major obstetric audit can identify areas for improvement and therefore decrease future maternal morbidity.

This study evaluated the demographics, management and outcome of major obstetric haemorrhage (MOH) defined as estimated blood loss >2.5L, >5 units blood transfused or treated for coagulopathy.

We retrospectively reviewed the major obstetric haemorrhages that occurred in Wexford General Hospital (WGH) over a twelve month period (Jan-Dec 19).

Ten patients had a major obstetric haemorrhage. Median age was 32. 70% of the patients were nulliparous. All of the patients were term, four of which were post dates. 2 patients had obstetric risk factors – 1 prev caesarean sections X3, 1 low lying placenta. 60% of the MOHs occurred at caesarean section, of which 2/3 were emergency caesarean sections. In the vaginal deliveries – 3 out of the 4 were forceps deliveries. The one spontaneous vaginal delivery was complicated by a shoulder dystocia. The average birth weight was 3.973kg, 60% of the infants were macrosomic. Four were admitted to ICU, of which three had an estimated blood loss >4L. Nine out of the ten patients who had a major obstetric haemorrhage had a 25% decrease or more from their antenatal haemoglobin.

Blood loss >2.5L is rare (0.6% of births in WGH). MOH is associated with significant maternal morbidity with 40% in this study requiring ICU admission and 90% experiencing >25% decrease from their antenatal haemoglobin. This highlights the importance of antenatal haemoglobin optimisation.

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ANALGESIA REQUIREMENTS FOLLOWING OPERATIVE VAGINAL DELIVERY

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Abstract

Objective Poorly controlled pain can impact negatively on a woman's ability to care for her baby and may increase the risk of low mood and postnatal depression. Avoidance of unnecessary use of opioids is an important aspect of care. Little is known about the analgesic needs of patients after varying modes of vaginal delivery. We sought to examine the analgesic requirements of patients post spontaneous vaginal delivery (SVD), vacuum-assisted delivery (VD) and forceps delivery (VD).

Methods A retrospective analysis of prospectively gathered data of the demographics, characteristics and analgesic requirements of 150 women who had a vaginal delivery of a singleton live term infant. Medical records of 150 women were hand searched by a single investigator and data was electronically stored for analysis. Our cohort consisted of fifty consecutive women who had a SVD, VD and FD respectively.

Results Of the fifty who had a FD 24% required opioid analgesia; 74% oral Diclofenac; 66% rectal Diclofenac and 90% oral acetaminophen.

Of the fifty who had a VD 10% required opioid analgesia; 64% oral Diclofenac; 82% rectal Diclofenac and 92% oral acetaminophen. Of the fifty women of those that had a SVD; 4% required opioid analgesia; 64% oral Diclofenac; 38% rectal Diclofenac; 90% oral Acetaminophen and 6% no analgesia.

Conclusion Knowledge of postnatal analgesic requirements following vaginal delivery is incompletely studied. Diclofenac and Acetaminophen are routinely prescribed for management of postpartum pain. Analgaesic requirement of women post FD and VD are greater. One in four women who have a forceps delivery require opioid analgaesia.

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AN AUDIT OF HYSTEROSCOPY WAITING LISTS DURING THE SARS CoV-2 PANDEMIC, BEAUMONT HOSPITAL

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Abstract

Background: The Health Service Executive (HSE) facilitated public access to private hospitals from April to June 2020 during the SARS-CoV2 pandemic. We believe this has positively impacted hysteroscopy waiting times in Beaumont Hospital.

Purpose of study: To audit the number of hysteroscopy cases on the waiting list from January to July 2020 in Beaumont Hospital.

Study design and methods: A retrospective audit of all patients on the waiting list for hysteroscopy in Beaumont Hospital between January to July 2019. Data were collected from national published records, anonymised and stored securely.

Findings: There were 177 patients awaiting hysteroscopy in February 2020. 68.4% of cases (121/177) were urgent. 42.4% (75/177) breached their waiting time targets. There were 27 hysteroscopies completed in Beaumont Hospital between January and March 2020, and 78 cases (78/177; 44.1%) outsourced. There were 63 patients on the waiting list at the end of March 2020.

In April 2020 there were 189 patients awaiting hysteroscopy. 71.4% (135/189) were urgent. 34.4% of cases (65/189) breached their waiting time. There were 96 hysteroscopies (96/189; 50.8%) in Beaumont Hospital between April and June 2020, and 57 cases (57/189; 30.2%) outsourced. There were 30 patients on the waiting list at the end of June 2020.

There were over three times the number of hysteroscopies performed in the second three month period. Outsourcing accounted for over one third of completed cases.

Conclusions and implications:

Access to theatre slots, facilities and staff can significantly improve hysteroscopy waiting lists for women with suspected endometrial cancer.

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AN AUDIT OF OUTPATIENT HYSTEROSCOPY SERVICES, ROTUNDA HOSPITAL DUBLIN

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Abstract

Background: The Rotunda Hospital outpatient hysteroscopy (OPH) clinic is a one stop clinic for women with abnormal bleeding. OPH is well tolerated and allows women to avoid general anaesthesia and return to daily activities without delay. Women can be referred by their GP or any hospital department.

Purpose of study: To audit patient variables, success rates and findings at OPH in December 2019.

Study design and methods: Electronic health records of every woman who attended OPH in December 2019 were obtained. Women were excluded if they did not undergo OPH after consultation. Data were stored anonymously on a password-protected computer.

Findings: There were 56 OPHs in December 2019. The mean age of women was 47. 71% (40/56) of women were parous and 20% (11/56) were nulliparous. 27% (15/56) had one or more caesarean sections, none of whom had a failed procedure. One woman (2%; 1/56) had a previous LLETZ treatment; her OPH was successful.

The majority of referrals (63%, 35/56) were from GPs. Most women had OPH and endometrial biopsy (55%; 31/56), 14% had OPH only (8/56) and 21% had a polypectomy (12/56). Six women required subsequent inpatient hysteroscopy (11%, 6/56).

70% of women (39/56) had benign histology, 23% (13/56) had no histology, 5% (3/56) had atypical hyperplasia and 2% (1/56) had endometrial adenocarcinoma.

Conclusions and implications: There was a high success rate for OPH, including nulliparous women and those with caesarean sections and LLETZ procedures. Further audits could measure time between referral and OPH appointment, and patient satisfaction.

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PROPHYLAXIS OF VENOUS THROMBOEMBOLISM: COMPLETING THE AUDIT CYCLE

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Abstract

Venous thromboembolism (VTE) remains a leading cause of maternal morbidity and mortality. Although the incidence of maternal death secondary to VTE has fallen in recent years, accurate risk assessment and appropriate thrombo-prophylaxis continues to be an essential part of ante-natal and post-natal care.

The charts of thirty-eight patients were reviewed. The parameters being assessed included; a recorded booking weight, VTE assessment at booking, VTE assessment at all admissions and post-natally, appropriate prescribing of thrombo-prophylaxis and correct dosing. The findings were compared with the national guidelines as well as the results of an audit completed in the same unit one year previously.

Of the thirty-eight cases that were reviewed, all patients (100%) had a booking weight recorded. VTE assessment was not completed at the booking visit in 39% of cases. Of the patients who had an ante-natal admission, 67% had VTE assessment. 92% of the women were assessed post-natally. The VTE assessment was incorrect in 37% of cases. 84% of the cases were prescribed thromboprohylaxis with low molecular weight heparin, the majority of which were post-natal patients. The correct dose was prescribed in 97% of the cases.

The results of this audit have highlighted some issues surrounding VTE prophylaxis that require attention. Incompletion of VTE assessment was identified as an issue in the previous audit. Although this audit has demonstrated an improvement, further efforts need to be made to ensure all women are assessed and that this is done accurately.

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Assessing Standards for Prevention of Early Onset Group B Streptococcal Disease in Ireland

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Abstract

Early onset Group B Streptococcal (GBS) disease can cause significant neonatal morbidity and mortality. There is currently no national guideline for GBS screening, and protocols vary across units. PCR testing at induction or labour onset informs triage for antibiotic prophylaxis, however there are human and infrastructural resource requirements to enable widespread implementation.

Our purpose was to identify current standard practices for GBS prevention in Irish obstetric and neonatal services, and to utilize this data to inform the need for and implementation of a national guideline.

A questionnaire on GBS screening, management and existing resources was completed with a representative from each of the 19 maternity units, comprising questions regarding timing and method of screening, antibiotic usage, and neonatal management.

1 unit (5.2%) performs routine GBS screening at 35-37 weeks gestation. 12 units (63%) screen for GBS with a SROM >37 weeks of which 2 (17%) perform PCR and 10 (83%) culture testing. 17 units (89.3%) have access to a GeneXpert PCR machine, of these 2 (11.7%) use the machine for rapid GBS testing. 1 unit screens patients for GBS at the start of labour or induction of labour. 4 units (21%) use the neonatal Early Onset Sepsis Calculator, and 16 units (84%) do not treat asymptomatic infants born to GBS positive mothers.

There is a lack of consistency in the methods for GBS prevention across the country, thus highlighting the need for a national guideline.

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CLINICAL AUDIT OF THE MANAGEMENT OF PRIMARY POST-PARTUM HAEMORRHAGE IN PORTIUNCULA UNIVERSITY HOSPITAL

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Abstract

Haemorrhage is one of the leading causes of maternal morbidity and mortality. Early recognition and rapid response are essential in the management to reduce the risk of death. Primary post-partum haemorrhage (PPH) is bleeding which occurs within the first twenty-four hours after delivery. It can be classified based on the volume of blood loss; minor PPH (500-1000ml) or major PPH (>1000ml).

The notes of three cases of post-partum haemorrhage were reviewed. The management of these cases was assessed compared to the recommendations outlined in the HSE national guideline "Prevention and Management of Primary Postpartum Haemorrhage". More specifically, the aspects of; communication, resuscitation, investigation and monitoring and arresting the bleeding were examined.

All cases (n=3) met the criteria to be considered as having a major PPH. Communication was identified as being inadequate in all cases. Resuscitation was effectively implemented in all cases. Initial investigations were lacking as none of the patients had bloods taking as part of the immediate management. Monitoring of the patients was in keeping with the guidelines with the exception of appropriate thromboprophylaxis. Arresting the bleeding was achieved promptly and successfully in all cases and none of the patients required transfer to theatre.

This audit has highlighted some areas that are performed well and some that require improvement with respect to the management of PPH. Resuscitation and arresting the bleeding were strong aspects of the management however, escalation and initial investigations were poorly implemented. Recommendations to improve management include education and the use of a proforma.

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AUDIT OF THE USE OF HUMAN CHORIONIC GONADOTROPHIN IN EARLY PREGNANCY IN A TERTIARY MATERNITY HOSPITAL

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Abstract

Pregnancy of unknown location (PUL) is where there is neither an intra nor extrauterine pregnancy visualized on ultrasound, despite a positive pregnancy test. A small subset of these will be an ectopic pregnancy. As women are presenting earlier to Emergency Departments (ED) and Early Pregnancy Units (EPU), the number of PULs being diagnosed is increasing. Measurement of Human Chorionic Gonadotrophin-beta (ßHCG) can aid in the differentiation of PUL if used appropriately.

We aimed to determine if βhCG measurement in our unit is being carried out appropriately and according to guidelines.

A retrospective audit was conducted. All women who had serum βhCG measurement performed during March 2020 were included. Women were identified from the EPU laboratory register. A chart review was conducted.

Seventy-two women were included in this audit. ßHCG was performed from the ED in 82% (n=62) and from EPU in 12.5% (n=9). In 25% (n=18) of these, the ßHCG was not indicated. Of these, 55% (n=10) women had only transabdominal ultrasound performed, seven had a pregnancy of uncertain viability (PUV) seen on ultrasound and one woman had a negative urine pregnancy test.

Reducing the amount of unnecessary βHCGs taken could result in cost saving to the hospital, and reduced hospital visits for women. With this, we are implementing additional EPU training for NCHDs and midwives on the cost of laboratory testing in managing pregnancies complicated by PUL, the limitations of use, and introducing strict criteria on how βhCG testing should be used. Reaudit after these education sessions is planned.

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CASE STUDIES ON ISOLATED FALLOPIAN TUBE TORSION: A RARE CAUSE OF PELVIC PAIN IN ADOLESCENT FEMALES

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Abstract

Isolated fallopian tube torsion is a rare but significant diagnosis in adolescent females with pelvic pain. It has an estimated incidence of 1 in 500,000.

Fallopian tube torsion can be difficult to diagnose as the presenting symptoms are similar to that of an ovarian torsion or appendicitis but with a sonographically normal ovary and appendix. This diagnostic dilemma commonly delays surgical intervention leading to irreversible ischaemia and implications for future fertility.

Two patients, aged 13 and 17 years, presented to UHK with a recurrent history of unilateral lower abdominal pain associated with nausea, vomiting, and a low-grade pyrexia. Ultrasound and MRI/CT imaging showed an elongated tubal structure containing mixed density fluid in the recto-uterine pouch and normal ovaries.

Laparoscopy visualised a torted haematosalpinx with a Hydatids of Morgagni at the fimbrial end of the fallopian tube. No ipsilateral ovarian involvement was demonstrated in either case. Laparoscopic salpingectomy of the necrotic tube was performed and both patients had an unremarkable post-operative recovery.

Causes of tubal torsion include hydrosalpinx and Hydatids of Morgagni. It has been suggested that Hydatids of Morgagni may increase in size during puberty, thus increasing the risk of tubal torsion in adolescence. While isolated fallopian tube torsion is uncommon, these cases demonstrate that it should be considered as a differential diagnosis in adolescent patients with a pelvic mass and pain in the absence of ovarian pathology on imaging.

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THE READABILITY OF ONLINE COVID-19 INFORMATION FOR PREGNANT WOMEN IN IRELAND AND THE UNITED STATES

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Abstract

Women frequently use the internet to source information about medical conditions. Health literacy can be a barrier to patient understanding, adherence and healthcare engagement among pregnant women. The readability of online perinatal healthcare information relating to COVID-19 is unknown.

The source and readability of online information related to pregnancy and COVID-19 from Ireland and the United States (US) was assessed.

The Google search engine was used to search for 'coronavirus', 'COVID' and 'COVID-19' combined with 'pregnancy'. Searches were geolocated to country. Search history and caches were cleared between searches. Information sources from the first page of results were assessed for readability using: the SMOG, GFI, FKG and FRES scores.

62 webpages were collated; duplicates were removed and 14 and 18 unique websites from Ireland and the US respectively were analysed. There was a 24% overlap between Irish and US search results. 50% and 33% of results from Ireland and the US respectively were from Government/Public Health bodies, 0% and 28% from scientific and educational institutions, 36% and 28% from digital media companies and 21% and 11% from other online sources. The most readable webpages were from 'other' and 'digital media' sources, and the majority (78%) of webpages, irrespective of country origin, were above the universal readability level.

Websites providing health information on COVID-19 in pregnancy are not universally readable. The readability and accessibility of healthcare information relating to COVID-19 and pregnancy is essential in maternity care, and healthcare professionals should be aware of online information sources available to women.

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Improving compliance with hospital antimicrobial prescription guidelines for postnatal patients readmitted with infection

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Abstract

Purpose: Postnatal (PN) infection is associated with significant morbidity for patients. Local antimicrobial guidelines guide empiric treatment based on global and local evidence for sensitivity. Incorrect antimicrobial therapy can potentially lead to undertreatment and delayed recovery or over-treatment with unnecessary hospital readmission for intravenous antibiotics. Our SMART aim was to reduce antimicrobial prescriptions non-compliant with hospital guideline from 33% to 0%, in PN women re-admitted with infection.

Methods: We instigated a quality improvement project over a 27 week period (1st of January to 5th July 2020) looking at all PN presentations with infection to the emergency room, and those readmitted for management of infection. Our measurable outcomes; number of PN women presenting with infection, number of readmissions, antimicrobial prescriptions that did not comply with local guidelines. Our interventions; survey for all staff working in ED, 1:1 presentation with consultant on prescribing guidelines, new prescribing app created.

Results: There were 375 PN infective presentations to the emergency room from the period of the 1st of January to the 5th of July 2020. 78(21%) were readmitted for the management of PN infection. Between Jan and Apr 2020, incorrect antimicrobial prescription was seen in 33%. From the interventions introduced we found a reduction in percentage of PN readmissions on antibiotics that did not follow local guidelines, from 33% to 0%, a reduction of 100% in the percentage of antimicrobial prescriptions not compliant with the local guidelines.

Conclusion: This quality improvement initiative significantly reduced PN readmissions on antibiotics that did not follow local guidelines by 100%.

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Haemorrhagic stroke five days post delivery – a case for the obstetrician or the stroke team?

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Abstract

Pregnancy increases the risk of stroke threefold(1). Haemorrhagic stroke is seen more frequently in the puerperium than in non-pregnant women of child-bearing age(2). While the relationship between pre-eclampsia/eclampsia and intra-cranial haemorrhage is clear, the aetiology for haemorrhagic stroke related to pregnancy is heterogeneous, with vascular malformation, postpartum angiopathy and posterior reversible encephalopathy syndrome(PRES) among the possible aetiologies.

A 35 year old para 3 presented to general emergency department with sudden onset left arm weakness and right facial asymmetry five days following spontaneous vaginal delivery. The patient was moderately hypertensive on admission but without other features of pre-eclampsia and no history of hypertensive disease. BMI was 17, she was a smoker. On examination power was 4/5 in left upper limb and there was right sided facial droop with an NIHSS score of 3. CT brain revealed haemorrhage in the right basal ganglia; MRI brain confirmed a right basal ganglia haematoma with surrounding oedema (Image 1 and 2). The patient was managed as per the FAST protocol and a consult was sought from the obstetric team who commenced magnesium sulphate treatment. MDT management facilitated discharge to home independent in all activities of daily living on day 7.

Definitive aetiology was not ascribed to eclampsia although it was reasonable to treat the presentation with magnesium sulphate under the supervision of the stroke team. Thorough preconceptual counselling and progesterone only contraception is indicated in this setting.

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COVID-19 NOT PROTECTIVE AGAINST EXTREME PREMATURITY AS PREVIOUSLY REPORTED.

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Abstract

Recent studies report dramatic reduction in extreme prematurity rates during the ongoing COVID-19 pandemic. Casual mechanisms stimulating changes to clinical practice during the pandemic are postulated, but exact causation remains unclear. A retrospective audit of preterm births (PTB), defined as <37 completed weeks gestation occurring in Drogheda Hospital between 01/02/20 and 31/07/20. Variables collected included maternal demographics, antenatal course and PTB risk factors. Group comparison was undertaken Pearson Chi^2 Analysis with p-value <0.05 deemed significant. There were 46 PTB in the study period,with a rate of 28.17. Comparatively, 2019 recorded 68 PTB with a rate of 39.24. In our study, of those delivering preterm 50% (n=23) nulliparous, no multiple gestations, risk factor for PTB in 21.7% (n=10), cervical length performed in 4.3% (n=2), vaginal progesterone in 6.5% (n=3) and 2.2% (n=1) had an elective cerclage. There were no cases of suspected/confirmed SARS-CoV-2. Special Care Baby Unit admission rate was 73.9% (n=34), with 54.3% (n=25) male infants, 4.3% (n=2) had a 5 min Apgar <7, 4.3% (n=2) had a venous pH <7.1. One (2.2%) infant delivered <28 weeks gestation, 17 (37.0%) delivered <34 weeks gestation and the mean gestation at delivery of 34.15 ± 2.87 weeks. Comparison made to preterm data in 2019 no infants delivered <28 weeks gestation, 11 (16.2%) delivered <34 weeks gestation and the mean gestation at delivery of 35.47 ± 1.53 weeks p=0.011.We report a decrease in our PTB between 28+0 to 33+6 correspondent to the current trends but have not replicated the findings at <28 weeks.

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AUDIT OF PERINATAL MORBIDITY ASSOCIATED WITH MID-TRIMESTER PROLONGED RUPTURE OF MEMEBRANES

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Abstract

Midtrimester (12+0-23+6 weeks) prolonged rupture of membranes (MT-PROM) is a rare event affecting less than 1% of pregnancies. Limited literature on the topic hinders counselling of patients on prognostic outcomes with this situation arises.

As part of a national clinical audit of MT-PROM by the National Perinatal Epidemiology Centre (NPEC), we wished to determine our local perinatal outcomes in relation to MT-PROM.

This was a retrospective audit of patients admitted to the Rotunda Maternity Hospital from 1st January 2017 to 30th September 2019 with confirmed MT-PROM. Eligibility criteria included women with a gestation between 12+0 and 23+6 weeks inclusive, with ruptured membranes of at least 24 hours duration prior to delivery.

Thirty-three women were included in this audit of which 78.8% (n=26) were singleton and 21.2% (n=7) were multiple pregnancies. In relation to the neonates of singleton pregnancies, a miscarriage occurred in 15.4% (n=4), stillbirth in 23.1% (n=6), livebirth with subsequent neonatal death in 19.2% (n=5) and a livebirth with survival to discharge in 42.3% (n=11). Average gestational age at the time of diagnosis of MT-PROM was; 18+1 weeks (15+1-21+1) for those with miscarriage, 18+3 weeks (15+2-21+5) for stillbirth, 22+2 weeks (18+4-24+1) for neonatal death and 22+3 weeks (20+2-24+6) for livebirth with survival.

This audit, from consecutive cases of MT-PROM in a tertiary referral maternity hospital, provides robust evidence on perinatal outcomes, enabling clinicians to provide evidence-based advice to patients on prognostic outcomes. Further analysis of national data will enable clinicians to provide evidence-based advice to patients on prognostic outcomes.

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ARE NON-CONSULTANT HOSPITAL DOCTORS CONFIDENT DISCUSSING OBESITY WITH PATIENTS? INFLUENCING FACTORS, WITH A FOCUS ON OBSTETRIC AND GYNAECOLOGY TRAINEES

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Abstract

Obesity rates have almost doubled in Ireland over the past two decades, and are expected to continue on this trajectory. Obesity is a chronic disease, but is also a risk factor for other non-communicable diseases (NCDs). Within obstetrics, obesity is associated with both maternal and neonatal morbidity Alongside this, the role of the obstetrician is recognized as one of importance in the management and prevention of NCDs in both the mother and infant.

This study aimed to assess how much education Irish Non-Consultant Hospital Doctors (NCHDs) received in obesity, how often and how confident they feel discussing it and if they desire further education. We also assessed if trainees in Obstetrics and Gynaecology (O&G) engage in lifestyle counselling more, given their important role.

This was an online, prospective, questionnaire based study that ran for six months.

We received 1,535 responses, 127 from O&G. Over 80% agreed that obesity was a problem within their specialty, however 52% reported 'rarely' discussing obesity. Over half of trainees report receiving little education, with 44.2% receiving none. Those who received education were more likely to engage in discussing it with patients, and felt more confident doing so.

NCHDs report a paucity of education in obesity, and how to discuss it with patients. Lack of education leads to decreased rates of discussion and trainees feeling uncomfortable when doing so. This area of education is particularly important for O&G trainees who play an important role in the prevention of NCDs in mothers and infants.

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MAGNESIUM SULPHATE FOR FETAL NEUROPROTECTION IN PRETERM LABOUR: AN AUDIT OF PRACTICE IN THE COOMBE WOMEN AND INFANTS UNIVERSITY HOSPITAL

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Abstract

Preterm birth is an important cause of neonatal morbidity and mortality. (1) Babies born prematurely are more likely to have neurodisability, with those born before 28 weeks gestation 129 times more likely to have cerebral palsy (CP) as their full-term (37-42 weeks gestation) counterparts.(2)

In recent decades various trials have supported evidence for use of magnesium sulphate(MgSO4), administered preterm labour, as an effective agent for reduction of the incidence of CP in children born at less than 32-34 weeks gestation.(3)(4)(5)

We aim to audit the use of MgSO4 for fetal neuroprotection in imminent preterm labour in the Coombe Women and Infants University Hospital in accordance with HSE guidelines.

Criteria:

- All women at risk of imminent preterm delivery before 32+ 0/40 weeks gestation.

Target Standard: 100% of eligible women

The charts of 95 women, who delivered between 24+0 and 31+6 weeks gestation, were reviewed and eligibility for treatment with MgSO4 versus administration of MgSO4, as well as potential barriers to treatment identified.

70/78 of eligible women received treatment with MgSO4, reaching a standard of 90%.

Of the 10% of eligible women who did not receive treatment with MgSO4, 75% were delivered due to non-reassuring cardiotocograph - cited by HSE Guidelines as a relative contraindication to antenatal administration of MgSO4 (3).

Recommendations for future audits in this area of practice include taking a prospective approach with the advent of a proforma for definitive identification of reason(s) why MgSO4 not administered to more accurately delineate standard of treatment.

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Time interval between Diagnosis of retained placenta following vaginal delivery and Manual Removal of Placenta in theatre in Our Lady of Lourdes Hospital Maternity Unit.

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Abstract

The third stage of labour is the interval from delivery of the infant to expulsion of the placenta. Delayed separation and expulsion of the placenta can be a life-threatening event because it interferes with normal postpartum contraction of the uterus, which can lead to Post-Partum Haemorrhage and endometritis.

As a result of the morbidities following these complications, we assessed the time interval between diagnosis of retained placenta and Manuel Removal Of Placenta (MROP) in theatre since the duration of third stage of labour contributes to the risk of these complications. We also assessed adherence to the departmental guideline on MROP following vaginal deliveries in Our Lady Of Lourdes Hospital, Drogheda.

A cohort of fifty patients who had MROP following vaginal delivery between July 2019 and February 2020 were selected for analysis through the Maternity Information System. Clinical notes of patients were reviewed and data recorded using a proforma.

Our study showed that there were some delay in diagnosis of retained placenta in 86% of cases and delay in patient transfer to theatre for MROP in 24% which reflected in PPH (EBL >500mls was 88%) as an outcome with subsequent blood transfusion in 45%.

Prompt adequate diagnosis of retained placenta and swift actions in clinical management of same by timely theater transfer of patients is vital and should be emphasized in management of MROP to improve quality of care.

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PREGNANCY; AN UNPRECEDENTED TIME FOR INFLUENCING HEALTH DESPITE UNPRECEDENTED TIMES

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Abstract

The emergence of covid 19 in late 2019 changed society worldwide over the past year. While most medical specialities curtailed their services to allow for redirection of resources towards managing patients affected with this new, unknown disease, due to the time sensitive nature of pregnancy, obstetric services were required to run as normal.

Given widespread fear and lack of knowledge among the general and medical community about transmission and effect on pregnancy of this new disease, we postulated that attendance at our obstetric clinics would be negatively affected, with most patients preferring to avoid hospital and remain at home.

The purpose of this study was to examine the effect a global pandemic, with strict restrictions on personal movement in Ireland, would have on attendance rates at our antenatal clinics.

This study was conducted by examining computer based recordings of attendances at antenatal clinics from February 2020 to June 2020. In order to establish a precedence of non-attendances at antenatal clinics we compared this 5 month time period during the emergence of covid 19 with a 5 month period prior to its identification.

Our findings showed that despite high levels of public anxiety and limited availability of public transport options, combined with altering locations and times of clinics, pregnant women reliably attended hospital based appointments in order to ensure their pregnancy was continuing healthily.

We conclude that this supports pregnancy being a particularly influential motivator for women to attain good health status through accessing available services, despite significant societal barriers.

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Large Diffuse B cell Lymphoma of Cervix and Vagina in postmenopausal woman: a rare age group presentation, a case report

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Abstract

Large Diffuse B-Cell Lymphoma of Cervix and Vagina in postmenopausal woman: a rare age group presentation, a case report

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Abstract:

We present a rare case of Diffuse Large B-cell Lymphoma of the cervix and vagina in an 82 years old lady. She was menopausal for 32 years, presented with history of postmenopausal bleeding and brownish vaginal discharge on and off for two to three months. She additionally gave a history of feeling unwell, lack of appetite, weight loss, nausea & had an irregular smear history.

On examination, bilateral enlarged inguinal lymph nodes were found. On P/S examination, a large irregular, hard lesion was seen involving both the vagina and cervix. At EUA, there was an irregular growth seen infiltrating both the cervix and vagina and firm vaginal walls. Two samples were taken from vagina and cervix and sent for histology that showed a diffuse large B Cell lymphoma. It was discussed in MDT and she was referred for further management to the tertiary centre.

Female genital tract lymphomas are rare, account for 1.5% of extranodal non- Hodgkin's lymphomas & 0.5% of gynaecological cancers. The median age at presentation is 40. Patients most often present with one or more episodes of vaginal bleeding, perineal discomfort & vaginal discharge. The correct diagnosis may be difficult and awaited until the availability of histopathological result. The treatment modality may include chemotherapy, radiation therapy and targeted therapy as necessary.

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EVALUATION OF PRESCRIBING AND ADMINISTERING PATTERNS OF POSTNATAL ANALGESIA AT MRHP MATERNITY UNIT

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Abstract

Prescribing inadequate analgesia to postnatal patients attributes to one of the major reason for poor patient satisfaction resulting in higher number of complaints, increased risk of DVT ,impacting womens psycological wellbeing leading to anxiety /depression,affecting baby care,increased use of inappropriate over the counter medications and is associated with increased workload to care providers along with reduced cost effectiveness.

The aim of this clinical audit was to identify the prescribing and administration patterns of postnatal analgesia, to assess its appropriateness in achieving effective analgesia and to identify the associated opportunity cost. Moreover identifying conditions associated with nonadherence may provide an opportunity for implementing effective change.

Data was collected retrospectively on 30 random patients(10 SVD,10 LSCS,10 OVD) at 4 weeks interval in maternity ward of MRHP.

100% compliance was found in terms of administering paracetamol orally to SVD/OVD while 80% of LSCS patients recieved paracetamol by IV route.35% of these recieved it as regular prescription while 70% recieved it as PRN.90% of postnatal patients recieved Difene,however 70%of them recieved it as PRN.10% of OVD,40% of LSCS patients recieved Oxynorm which was prescribed as PRN in 80% of the cases.On the downside,there was a poor compliance with administering laxatives with opioids.

In conclusion,IV paracetamol should not be used for routine analgesia when other routes are available as it carries a 200 fold increased cost and is no more effective than other routes.All postnatal patients should recieve regular combination analgesics rather than PRN to achieve effective analgesia.

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PUBOVAGINAL SLINGS – NO MESH, SO NO COMPLICATIONS ….. RIGHT?

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Abstract

Background:
Two years ago patient support groups were successful in bringing about a suspension of vaginal mesh products in the UK and Ireland. This resulted in loss of access to the mid urethral sling for the treatment of stress incontinence. Despite 22 years of experience and overwhelming evidence documenting its efficacy and low rates of morbidity. Surgeons in these islands have returned to mesh free alternatives such as the pubovaginal autologous fascia slings.

Purpose:
The aim of this study was to review our results and complications with this mesh free alternative.

Study design and Method:
Qualitative questionnaire.

Patients who underwent PVS since 2019, n = 16, with a Consultant Urogynaecologist. Consent given by patients and contacted by phone. 11 contacted at the time of writing.

Validated Patient Global Impression of Improvement (PGI-I) scale.

Findings:

PGI-I:	Very much better	6 (54%)
	Much better	3 (27%)
	A little better	2 (18%)

90% of women were satisfied with the operation and 100% reported that their condition has improved. 72% (8) would recommend the procedure to a friend, with 3 women stating that they would “need to tell them what was involved”. 3 women required SIC on discharge and 2 women had recurrent UTI’s. 3 women returned to theatre for evaluation and the range of inpatient stay was from 2 to twelve nights.

Conclusion:

Our findings suggest that while effective the pubovaginal fascia is associated with significant longer hospital stay and serious complications such as haemorrhage and infection. Further studies are warranted.

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A RARE RUPTURE: SPLENIC VEIN ANEURSYM RUPTURE IN PREGNANCY

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Abstract

Introduction

Splenic vein aneurysms are rare in pregnancy, with few reported cases in the literature. We report a case of splenic vein aneurysm rupture causing massive intra-abdominal haemorrhage and cardiac arrest in a woman at 38 weeks' gestation.

Case

A 30-year-old woman presented with generalised abdominal pain at 38 weeks' gestation. She was vitally stable. She had four previous uncomplicated pregnancies and vaginal deliveries. Shortly after admission, she became hypotensive and tachycardic with acute abdominal pain and a fetal bradycardia was auscultated. A Category 1 Caesarean section was performed. On abdominal entry, there was a haematoperitoneum of 500ml. After delivery and uterine closure, abdominal exploration with a Consultant surgeon was performed. A mesenteric haematoma was evacuated, and no further active bleeding was encountered. Three hours later, she became haemodynamically unstable. On re-laparotomy, a four minute cardiac arrest occurred, with return of circulation. A further 1000ml of haematoperitoneum was found. A splenectomy and partial pancreatectomy were eventually required to control the haemorrhage, with an operative blood loss was 8.6 litres. Subsequent CT angiogram while in the Intensive Care Unit showed no further bleeding. She had an uneventful physical postnatal recovery. Histopathological examination of the spleen and pancreas revealed a splenic vein aneurysm.

Conclusion

Abdominal vessel rupture should be considered as a differential in acute abdominal pain and haematoperitoneum in pregnancy. Early intraoperative surgical opinion is imperative to minimise morbidity and mortality for non-obstetric surgical issues.

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Truly Toxic - A Case Report

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Abstract

Case Details

A 33 year old lady , with a known diagnosis of bipolar disorder (managed by lithium), was discharged from ER following presentation with mild hypertension. Subsequently her potassium and creatinine were noted to be abnormal .On follow up review she was diffusely oedematous, had brisk reflexes, clonus and was substantially jittery. PCR was 32, and blood pressure was borderline. This was out of character and inconsistent with her degree of clinical neurotoxicity.

Further investigation revealed she was also acutely lithium toxic (2.58) , precipitated by a mild acute kidney injury associated with pre-eclampsia. Lithium toxicity is exceptionally rare in pregnancy and management, mainly by rehydration, is complex in the setting of pre-eclampsia where fluid restriction forms an important part of management.

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AN UNUSUAL CASE OF BOWEL OBSTRUCTION SECONDARY TO COMPRESSION BY A LARGE UTERINE FIBROID POST DELIVERY.

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Abstract

Introduction

Uterine fibroids are the most common benign tumours found in women of reproductive age; 3-12% of pregnant women are reported to have fibroids. Fibroids affect fertility and are associated with a number of complications in pregnancy including fetal malpresentation, placenta previa and peripartum haemorrhage. Bowel obstruction is a known but rare complication of uterine fibroids. Here we report an unusual case of bowel obstruction secondary to compression by a large uterine fibroid post-delivery.

Case Presentation

8 hours post kiwi assisted delivery of a healthy baby girl a 34 year old G3P1 collapsed on the ward. She was admitted to ICU requiring phenylephrine to maintain her blood pressure. A distended abdomen and reduced bowls sounds were noted, and an NG tube was placed from which copious amounts of foul-smelling bilious fluid began to drain. CT imaging identified a large fibroid uterus appearing to cause external compression of the distal descending and proximal sigmoid colon with associated high-grade large bowel obstruction.

Treatment

The patient underwent an emergency laparotomy during which it was discovered that approximately 330cm of ischaemic bowel had volvulated around adhesive bands due to the multiple large fibroids in her abdomen. This area of bowel was resected, and the patient was given an ileostomy.

Follow Up

While the patient had a long post-operative recovery and required TPN during her hospital stay she was successfully discharged home well, with the ileostomy, 27 days post-delivery.

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PORTRAYAL OF LABOUR AND DELIVERY ON TELEVISION: A COMPARATIVE ANALYSIS OF BIRTH OUTCOMES AMONG DOCUMENTARY-FEATURED DELIVERIES AND INSTITUTIONAL DATA

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Abstract

Background Women's expectations of labour and delivery may be influenced by their depiction on docu-series such as 'The Rotunda' and 'One Born Every Minute'. The extent to which these programmes accurately depict the labour and delivery process is unclear.

Purpose of study The aim of this study was to compare delivery outcomes on docu-series versus actual birth outcomes using institutional data.

Study Design and Methods We screened 14 episodes of The Rotunda and 21 episodes of One Born Every Minute. Comparison data for the Rotunda cohort was obtained from the 2018 Annual Report.

Findings of the Study 108 deliveries were depicted on television – 48 on The Rotunda and 60 on One Born Every Minute. These were compared with 8359 deliveries recorded in the Rotunda Annual Report for 2018. We found no significant difference between the rates of Caesarean section and operative vaginal delivery on television compared with data from the Annual report. There was a much lower requirement for perineal repair on television compared with reality - 4% vs 71% ($p<0.001$). Epidural uptake in labour was significantly lower in One Born Every Minute - 13% vs 45% per Annual Report data ($p<0.001$).

Conclusions and programme implications Delivery outcomes depicted on docu-series, although similar are not fully reflective of reality. This can affect women's expectations regarding their labour and delivery. Further research will explore women's expectations of the delivery process and how this is impacted by docu-series such as 'The Rotunda' and 'One Born Every Minute'.

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INTRACRANIAL TUMOURS IN PREGNANCY: A Management Challange to Obstetricians and Neurosurgeon, a case report

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Abstract

INTRACRANIAL TUMOURS IN PREGNANCY: A Management Challenge to Obstetricians and Neurosurgeons, a case report

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Rafiq S, Abbasher I, Hayes T

Abstract:

Intracranial tumours during pregnancy are very uncommon and they pose a great challenge to the Obstetricians and Neurosurgeons. When this happens, it jeopardises the lives of both the mother and infant. It needs special consideration to provide best care. We present a rare case of 30 years old young woman diagnosed with brain tumour in pregnancy. We use this case to review the literature on this uncommon pathology in specific population.

She presented first at 14 weeks gestation with a history of isolated headaches for few days. There was no history of visual disturbances, dizziness, weakness or numbness & had no focal neurological signs. At medical review, she was advised for CT brain which was declined at that time. She presented again with the same complaints at 20 weeks gestation. At second presentation, she additionally had short periods of disorientation, dizziness and some infrequent episodes of urinary and bowel incontinence. With extended counselling, she accepted to have CT brain that showed a brain tumour. She was urgently referred to the tertiary centre, where she was operated upon the next week.

Pregnancy presents a great challenge for neurosurgical interventions and is a dilemma in the management of brain tumours. We present this case report of rare CNS neoplasm and discuss the management of intracranial pathology in pregnant patients.

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PROSPECTIVE STUDY OF POSTNATAL DEBRIEFING PRACTICES AFTER UNEXPECTED INTRAPARTUM EVENTS

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Abstract

Postnatal debriefing is an essential part of quality care and it is actively encouraged in our unit. This was a repeat study to determine the rates of postpartum debriefing following unexpected intrapartum events, and to assess patients' satisfaction with the quality of explanation.

Research and Ethics committee approval was obtained. The study ran between 14th Oct- 4th Dec 2019 including recruitment at weekends and involved 6 NCHDs and one medical student with consultant supervision. Patients were identified from the labour ward logbook and approached on the postnatal ward. These included any mothers who had an instrumental delivery, an emergency caesarean section, shoulder dystocia, third or fourth degree tear or a postpartum haemorrhage >1L. An information leaflet and consent form, followed by a paper-based questionnaire was distributed to all public and semi-private patients on the postnatal wards who met the criteria. The questionnaires were collected prior to discharge.

295 patients were identified over the 8 week period – 41 (14%) did not have a documented debrief in their electronic charts. All identified patients were invited to participate in a further assessment of the quality of their debrief and 59% (173) completed the questionnaires.

Overall the rates of debriefing are good (86%) - this compares favourably with a previous study identifying a debrief rate of 62% in 2006. However, there is always room for improvement. Documentation of counselling regarding recurrence risks, suitability for VBAC and implications for future pregnancies need to be consistently integrated within a debrief meeting.

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RHESUS ISOIMMUNIZATION FOLLOWING OOCYTE DONATION

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Abstract

Rhesus (Rh) incompatibility refers to the conflicting pairing of maternal and fetal Rh types. Prior to the introduction of anti-D immunoglobulin, the incidence of Rh D alloimmunisation was 16%. Following the use of RAADP, this dropped to less than 2%, resulting in the reduction of mortality associated with hemolytic disease of the newborn (HDN) to 1.5/100,000.

We describe a case of Rh isoimmunization in a 45-year-old woman with Turner's syndrome who conceived following oocyte donation and IVF. Her blood group was A Rh-negative (of note, her partner's was B Rh-negative). At booking and 28 weeks gestation, no Rh antibodies were detected and prophylactic anti-D was administered. Despite the absence of an obvious sensitizing event, Rh antibodies were detected at 30 weeks increasing to 7.5IU/mL by 36 weeks gestation. Serial scanning was performed to detect fetal anaemia and hydrops. The MCA PSV remained below 1.5MoM at 37 weeks. However, pregnancy-induced hypertension developed.

Elective Caesarean section was performed at 38 weeks and a baby boy, weighing 2.9kg, was delivered in good condition. The haemoglobin level at birth was 11.5g/dL. However, the baby developed neonatal jaundice and was then admitted to the neonatal intensive care unit (NICU) where he received both phototherapy and later IVIG.

This case highlights the potential consequences of an incompatibility in blood group between donor and recipient. While Rh matching may limit the number of potential donors, if there is a potential for Rh incompatibility, the recipient should be informed of the obstetric significance of the condition.

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POSTNATAL TELEMEDICINE HYPERTENSION CLINIC: A QUALITY IMPROVEMENT INITIATIVE

Claire McCarthy, Clare O'Connor, Danielle O'Connor, Geraldine Gannon, Nicola Maher
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Abstract

Introduction

Through the introduction of telemedicine hypertension clinics in a tertiary level maternity service, we aimed to reduce the number of postnatal women attending the hospital for hypertension management by 50%.

Methods

Following stakeholder engagement, training, care pathways and standard operating procedures were implemented to establish a service. Home blood pressure cuffs were sourced with patient information leaflets and provided to suitable women prior to discharge from hospital.

Results

Over a three-month period, 42 women were enrolled for home BP monitoring, with 20 requiring a single education visit. 9 women attended twice and the remainder attended three times. Of the 42 women who had telemedicine interactions, 20 had one interaction, with 6 patients having 3 or 4 calls.

Overall, there were 96 telemedicine interactions, replacing 96 physical interactions. This demonstrates that postnatal telemedicine following up can reduce the number of physical interactions by 58.1% (96/165).

Conclusion

Through the introduction of a novel postnatal hypertension clinic conducts through telemedicine, we have reduced the need for physical review of women, both allowing women to remain in the comfort and safety of their own home. This initiative also empowers them in their own postnatal care.

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A CASE REPORT: The ghost of gallbladders past : metastatic mucinous ovarian adenocarcinoma of gallbladder origin …3 years after cholecystectomy.

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Abstract

Mucinous adenocarcinomas are a group of malignant tumours that originate from epithelial tissue and are characterised by abnormal mucus secretion.(1) Around 80% of mucinous carcinomas of the ovary are metastatic.(2) The most frequent primary sites that metastasise to the ovary are the gastrointestinal tract, pancreas, cervix, endometrium and breast.

A 63year old presented to St James Hospital with a palpable abdominal mass, weight loss and early satiety. The patient underwent a total abdominal hysterectomy, bilateral salpingoopherectomy, omentectomy, appendicectomy and pelvic lymph node sampling.

Histology confirmed a mucinous tumour in the left ovary with deposits in the right ovary and omentum. Some features were not entirely convincing for a typical ovarian primary. Mucinous metastasis from the pancreaticobiliary tract have very similar histology and immunohistochemistry profiles to that of primary ovarian tumours.(3) Histology was retrieved from her cholecystectomy in 2017.

Upon review there was no invasive adenocarcinoma in the gallbladder, however there was a lesion with areas of high grade dysplasia with the same morphology and immunoprofile of the ovarian lesions. This confirmed mucinous adenocarcinoma of gallbladder origin.

There is very little literature on cases with such a long interval between diagnosis of pancreaticobiliary dysplasia and ovarian metastasis. The 3 year interval between her cholecystectomy and diagnosing this ovarian metastasis may represent a ‘seeding’ phenomenon. A recently published article describes 2 cases with long diagnostic intervals and postulates perforation at time of cholecystectomy as the cause.(4) The paucity of this case means prognosis and further management is uncertain.

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THE PENDULUM EFFECT ... BEFORE AND AFTER A SENTINEL EVENT

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Abstract

Background:
Advances in modern medicine has yielded as huge reduction in mortality however ectopic pregnancy still remains the leading cause of maternal death in the first trimester worldwide. A maternal death occured in 2016 during a laparoscopy for an ectopic pregnancy in a Dublin hospital.

Purpose of the study:
To determine if there was change in the management of ectopic pregnancy, leaning away from a surgical approach in the 2.5 years following a maternal death.

Study design:
Retrospective chart review

Methods:
Ectopic pregnancy's from 2014 to 2018 from HIPE, N =691. Charts were pulled. 117 removed due to coding error N = 574.

Findings of the study:

Over 5 years: 54% (n= 308) surgical
33% (n = 189) methotrexate
10% (n = 61) conservative
18% (n=34) surgery post methotrexate

2.5 years pre (n = 246)
2.5 years post (n=328)

Conservative management increased from 8% (n=19) to 12% (n=40)
Methotrexate use increased from 30% (n=73) to 35% (n = 116)
Surgical management reduced from 61% (n-149) to 46% (n=151)
There was an increase in the rate of rupture/ laparoscopy post methotrexate administration by 3.4%

Conclusion:
A maternal death is devastating for all involved, first and foremost for the patient, family and friends. It can also leave an impact on the treating institution. It is human to adopt a more conservative approach in the initial aftermath but we need to examine our outcomes in order to ensure we continue to provide the best care to women.

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A COMPARISON OF OBSTETRIC AND NEONATAL OUTCOMES IN NORMAL WEIGHT VERSUS OBESE PREGNANT WOMEN WITH GESTATIONAL DIABETES.

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

Abstract

Background:

With advancing maternal age and obesity, gestational diabetes(GDM) is an obstetric complication of increasing import. Despite its prevalence, a number of research gaps are identified, including the variable contribution of maternal obesity to outcomes.

Aim:

We hypothesised that obese women with GDM would be more likely to require treatment and have adverse outcomes.

Study Design:

We performed a retrospective audit all women who delivered with a diagnosis of gestational GDM in 2019 at our institution. Continuous outcome variables were compared according to maternal body mass index(BMI). We compared obstetric and neonatal outcomes in those with a BMI in the normal(18.5kg/m^2 - 24.95kg/m^2) with those in the obese category(BMI ≥30kg/m^2).

Results:

309 women were included. In total,31.1%,(n=96) were normal weight and 35.6%(n=110) were obese. Normal weight women had significantly lower fasting glucose concentrations (4.54± 0.6vs.4.82±0.6,p=0.001). No significant differences in glucose concentrations at 1 or 2 hours post glucose tolerance testing(GTT) were observed. Three hours post GTT, women who were normal weight had significantly higher glucose concentrations(7.57±1.7vs.6.73±1.8,p=0.001). Women who were normal weight were just as likely to require treatment with Metformin or insulin as obese women. Normal weight women delivered at a significantly earlier gestation;no significant difference in birthweight was observed. Neonates born to obese mothers had significantly lower glucose when admitted to the NICU (2.32±0.8vs.2.62 ± 0.9,p=0.02).

Conclusion:

There is substantial metabolic and phenotypic heterogeneity in GDM. Our results suggest significant differences in maternal metabolism between normal and obese women.

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ESTABLISHING THE RELIABILITY AND VALIDITY OF QUESTIONNAIRES ASSESSING THE UTILITY OF VIRTUAL REALITY IN OBSTETRICS AND GYNAECOLOGY MEDICAL EDUCATION.

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Abstract

Innovations in technologies have led to the use of Virtual Reality (VR) in healthcare education. Previous VR Learning Environment (VRLE) research has had an emphasis on raising the levels of learning, knowledge retention and clinical reasoning. However, little is known about the students learning satisfaction, self-efficacy and how VR design is conducive for learning. In order to assess learning satisfaction and self-efficacy in VR education, reliable and valid scales are needed.

The purpose of this study was to adapt the "Student Satisfaction and Self-Confidence in Learning Scale" (SCLS) and "Simulation Design Scale" (SDS) that are widely used in simulation studies, and then assess their reliability and validity as measurement tools in VR.

This study was part of a RCT comparing VRLE to face-to-face lectures. The psychometric properties of the SCLS and the SDS were studied among a sample of medical students via 41 surveys and 5 face-to-face interviews. Their reliability and validity was evaluated using Cronbach alpha (CA) and informal interviews.

CA values were 0.87 for the SCLS and 0.89 for the SDS.

The results show that the adapted scales are validated and reliable measurement tools.

Medical educators will be able to use these adapted scales to establish the effects of VR in medical education. This study shows how the scales could be further adapted for evaluating other technologies in medical education. A limitation of this study is the small sample size. In future studies a larger sample size could further validate the use of these scales in VR.

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Competency and skill acquisition for admission ultrasound

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Abstract

Admission ultrasound is a valuable procedure used as the first-line imaging for screening in women's health.

It is an easy, accurate and safe technique, making it amenable to use in developed as well as developing countries with limited technologies. Ultrasonography is employed for screening and as a diagnostic tool complementing clinical symptoms.

The optimal time necessary for gaining competencies and skills to perform admission ultrasound scan or the minimum range of examination for prenatal diagnosis varies. This depends on the background and commitment of the individual trainee to acquire the competencies. The guidelines from the International Society of Ultrasound in Obstetrics and Gynecology (ISUOG) recommends a minimum of one hundred hours of supervised scanning for trainees to acquire necessary proficiency.

This study aims to assess the accuracy, feasibility and acceptability of admission ultrasound assessment of the fetus at the onset of labour. The objectives of the studies are to compare the ultrasound measurements performed by a novice and an expert ultra-sonographer;

A sample of 18 patients undergoing routine assessment during pregnancy was recruited, Verbal consent was obtained, they underwent a departmental ultrasound by both the Novice and expert ultra-sonographer.

Result: The Mean age was 29, Mean BMI was 27 and gestational week 34. Indication for scan varied from routine growth to small for gestational age. The differences in measurement between the novice and expert have a P-valve < .0001.

Conclusion: The new knowledge identified in the study entailed providing novice sonographers with an expert in ultrasound skills within a short duration

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DEVELOPMENT OF VR BABY: A VIRTUAL REALITY LEARNING ENVIRONMENT

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Abstract

Educational technology plays an important role in the life of a medical student. 3D learning objects have the potential to provide an alternative immersive learning tool for medical students to comprehend complex structures found within the medical education curricula. Furthermore, we can take this one step further by introducing 3D learning objects into virtual reality learning environments (VRLE's).

The aim of this study was to develop VRLE's which can assist in self-directed learning by providing an enhanced learning and understanding of invisible concepts.

This paper describes the development of "VR Baby", a VRLE. Two learning experiences were developed in total, firstly a lesson on the stages of development of the foetus during pregnancy and secondly a lesson on fetal lie, position and presentation at birth. STL files of 3D images of the baby were obtained and processed using specialised software namely 3D slicer and Mesh-lab. These images were then placed in a VRLE using UNITY 3D and inputted onto OCULUS Quest for education use.

We successfully developed two VRLE's, in a low-cost generic and effective way of visualising medical imagery data in 3D and using it for medical education.

In conclusion this paper outlines the workflow process of the development of VR Baby, the next step will be a randomised control trial within the medical education setting.

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UNDIAGNOSED BREECH PREGNANCY IN LABOUR AT A REGIONAL HOSPITAL: ARE WE OFFERING INTRA-PARTUM EXTERNAL CEPAHLIC VERSION?

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Abstract

Background: Breech presentations occur in 3-4% of term deliveries. It is more prevalent in primigravids, and preterm deliveries with a recurrence on subsequent pregnancies. Breech pregnancies diagnosed first time in labour are more likely to deliver vaginally, and associated with poor maternal and neonatal outcomes when delivery is unplanned. With an antenatal diagnosis, external cephalic version (ECV) is offered with planned vaginal delivery, where successful. This study looked at cases of undiagnosed breech pregnancies in labour , and if intra-partum ECV was offered.

Aim: Evaluate undiagnosed breech pregnancies in labour and intrapartum ECV. To check adherence to local guidelines.

Methods: Retrospective study of breech pregnancies between January 2018-December 2019. Cases included undiagnosed breech pregnancies in labour. Age, BMI, parity, dates of last scans, gestational age, comorbidities, and postnatal complications were extracted from medical charts. A review of all medical records including clinical notes, discharge summaries was done. We included women with vaginal deliveries, category 1,2,3 caesarian sections.

Results: Over two year period, there were 16 undiagnosed breech deliveries. Fourteen of were multigravids, and 2 primigravids. Thirteen undiagnosed cases were under the consultant led unit , and 3 under the MLU. Three had a vaginal delivery, and 13 had an emergency lower segment caesarean section. Undiagnosed preterm cases were 10, while term were 6.

Conclusion: Undiagnosed breech was higher in multigravids. Guidelines on management of breech diagnosis in labour were followed. Intrapartum ECV was not offered neither attempted.

References:

A FRABAT prospective cohort study.

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BARRIERS TO WIDESPREAD USE OF VIRTUAL REALITY LEARNING ENVIRONMENTS IN OBSTETRICS AND GYNAECOLOGY

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Abstract

The use of Virtual Reality Learning Environments (VRLE) in medical education has been increasing in recent years. Previous studies have explored the side effects experienced during VRLEs, however, little is known about the barrier this poses to implementation of VRLEs as a learning tool.

This study aimed to explore the side effects caused by the usage of an Obstetrics and Gynecology VRLE.

21 University College Dublin medical students were recruited as part of a Randomized Control Trial (RCT) and asked to spend 10-15 minutes interacting with a VRLE. Participants completed a survey that asked them to mark any side effects experienced. Additionally, qualitative data was collected on the practicality of incorporating VRLE as a learning tool and if side effects would be a barrier to implementation.

The most commonly reported side effects were disorientation (50% of participants), dizziness (46%), impaired balance (42%), and any symptoms similar to motion sickness (42%). Additionally, participants reported in the free text box that “dizziness” and “motion sickness” were the most concerning side effects. Previous studies have demonstrated that side effects of VR are often mild with only a small minority of participants having to stop usage due to side effects (Cobb et al., 1999). None of the 21 participants had to stop their VRLE session due to side effects.

The results of this study found that side effects were commonly reported by participants. These results can be used to guide the design and implementation of future VRLEs in medical education.

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THE PREVALENCE OF PELVIC FLOOR DYSFUNCTION IN THE PREGNANT WOMAN

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Abstract

Pelvic floor dysfunction affects many women in later life, however, little is known about these symptoms in pregnancy. Thus, we examined the prevalence of pelvic floor dysfunction in pregnant women.

Women were recruited in consecutive antenatal clinics across two months and were given the Australian Pelvic Floor Questionnaire. Multiple regression and one-way ANOVA were used.

In total, 440 women were recruited. Of these, 189 (43.0%) were nulliparous, 200 (45.5%) had only vaginal deliveries, and 51 (11.6%) had only previous caesarean deliveries. The median age was 34, the mean gestational age was 30 weeks, and the mean BMI was 26.1.

The median total pelvic floor score was 18.32 (0 – 3.91). Median scores for the bladder, bowel, prolapse, and sexual function domains were 1.33 (0 – 7.33), 1.47 (0 – 5.29), 0 (0 – 6.67), and 0.48 (0 – 5.71), respectively. There were no significant differences in total pelvic floor scores between groups.

Over 90% of women reported bother of 'Not at all' or 'Slightly'. Under 4% (16/440) reported their bother as 'Greatly'.

Gestational age was positively correlated with total pelvic floor scores (OR 1.06, $p < .001$), while maternal age was negatively correlated (OR 0.92, $p = .009$). No effect was seen with BMI, previous vaginal delivery, or previous caesarean deliveries.

Pregnant women have a low level of pelvic floor dysfunction. Nulliparous women have similar pelvic floor scores to those with previous vaginal or caesarean deliveries. Advancing gestational age worsens symptoms, and while older mothers appear to have less pelvic floor dysfunction, this requires further study.

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Always be prepared: A Rare cause of Maternal collapse, ruptured splenic vein aneurysm

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Abstract

splenic vein aneurysm very rare first described in 1953 since then few cases were reprted. Aetiology either congenital or acquired (trauma, liver disease, inflammation like pancreatitis or portal hypertension) . It carries high maternal & foetal morbidity and mortality 70% & 95% . Most reported cases were in third trimester and one in the puerperium. It rarely diagnosed pre rupture.

A 30 year old G6P4 presented at 37weeks with left sided upper abdominal pain. She had multiple presentations with abdominal pain. All investigations were normal. She was admitted overnight for observation and pain control. Few hours later she had a sharp pain and collapsed. CAT1 CS done for fetal bradycardia query abruption or rupture spleen. intraabdominal blood raised suspicion of ruptured spleen. Baby girl delivered safe, we proceeded with laparotomy, a mass was felt in the upper abdomen and surgeons were summoned. Abdomen explored and clots evacuated no source of bleeding identified. Abdomen closed with a plan of imaging. while patient was in recovery, she collapsed. She was rushed for exploratory laparotomy & cod red activated. After a long procedure ended with splenectomy, he was transferred to the ICU and imaging excluded bleeding source. She recovered well and discharged. Spleen histopathology reported a SPLENIC VEIN ANEURYSM with normal pancreatic tail.

Splenic vein aneurysm is a challenging event requiring quick action to save women life. Most reported an association with necrotic pancreatitis our case did not show any inflammatory changes in the pancreases which makes it more unusual.

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OUTCOMES OF PREGNANCIES COMPLICATED BY GESTATIONAL DIABETES ACCORDING TO A VALIDATED CORE OUTCOME SET (COS).

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Abstract

Introduction:

The growing clinical burden of gestational diabetes (GDM) has led to an increasing number of trials aiming to reduce adverse outcomes. This has led to substantial heterogeneity in reported outcomes, which limits the ability to provide an evidence based consensus approach to management. In 2020, a core outcome set (COS) was proposed as a means of standardising internationally outcome reporting in GDM[1].

Purpose of the Study:

We sought to audit outcomes in GDM at our institution according to this COS.

Methods:

We performed a retrospective audit of charts of all women who delivered with GDM in 2019 at our institution. We excluded multiple pregnancies and those for whom full pregnancy data were not available. We identified a core outcome set including mode of birth, birthweight, incidences of high or low birth weight, preterm delivery, neonatal hypoglycaemia, neonatal intensive care admission and perinatal mortality.

Results:

In total 309 women delivered with a diagnosis of GDM during the study period.109 were nulliparous and 200 were multiparous. The mean BMI was 28.6kg/m^2.

The mean birthweight was 3519g±498g. 46(14.9%) weighed over 4kg, 10(3.2%) less than 2.5kg. The mean gestational age at delivery was 275±12.2 days. 19 delivered preterm. In total, 89(28.8%) babies were admitted to NICU and 85(27.5%) had neonatal hypoglycaemia. The caesarean section rate was 31.4%.

Conclusion:

Standardised reporting of core outcomes in gestational diabetes allows not only for contemporary, accurate patient information, but critically allows for national and international comparison of research and outcomes.

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‘VR BABY’, A VIRTUAL REALITY LEARNING ENVIRONMENT – DOES IT ENHANCE THE UNDERSTANDING AND LEARNING OF INVISIBLE CONCEPTS: A RANDOMISED CONTROL TRIAL

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Abstract

The educational landscape is becoming an increasingly dynamic environment in the 21st century. There is an opportunity to provide revolutionising and innovative teaching methods to medical students through virtual reality technologies.

The purpose of this study is to investigate the effectiveness of a virtual reality learning environment (VRLE) compared to a traditional learning environment amongst medical students.

A randomised control trial was conducted with 41 medical students at the University College Dublin (UCD). Recruitment took place via Brightspace and class announcements. Consent was obtained via electronic signatures. Ethical approval for this study was granted by the UCD Research Ethics Committee. Participants were randomised to either a control i.e. traditional learning environment or an intervention group i.e. VRLE. Participants underwent a 15-minute learning experience. Outcome measures included knowledge via a 10-question MCQ pre, immediately post learning experience and 1 week later, and a self-confidence and satisfaction in learning scale questionnaire and a VRLE design questionnaire (intervention group only).

Data analysis was performed using SPSS. Students t-test were used to compare mean scores between the groups. No significant difference was found in baseline scores between groups (P>.05). There was no significant difference in post-test score difference between the intervention and control group (>.05). There was a significant difference P value of 0.03262 ($p<0.05$) in the satisfaction with learning and self-confidence scale in the intervention group.

VRLEs are a potentially valuable learning tool that can enrich and enhance the learning experience.

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IMPROVING ACCESS TO AMBULATORY GYNAECOLOGY SERVICE IN MAYO UNIVERSITY HOSPITAL

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Abstract

The Ambulatory Gynaecology Clinic in Mayo University Hospital is facilitating a 'one-stop' service for the management of gynaecological conditions that require minor procedures in an outpatient setting, avoiding inpatient care and costs.

This quality improvement project was designed to decrease the waiting time to the Ambulatory Gynae from a baseline of 1000 days in January 2020 to a future state of 300 days by December 2020 for routine cases.

Why there is a waiting period of three years? To better understand the problem, a process map and fishbone diagram of the current system were designed and analysed.

A list of change ideas was created following consultation with the appropriate stakeholders and gradually tested with PDSA cycles. The progress to date is demonstrated with annotated run charts, so far achieving a waiting period of fewer than 450 days.

The next step is to develop and implement a standardised gynaecology referral form and to improve communication with patients and community services, secondary issues contributing to the main problem identified as part of the project.

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A mistaken case of systemic sepsis from Gonorrhea

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Abstract

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Background

In 2018, 2,405 (50.5/100,000) cases of gonorrhoea were notified in Ireland. There is a significant higher number if cases in the east region of the country.Most patients are found on screening in the STI clinics

Case

This is a case of a young 24 old girl P2 and presented with fever and abdominal pain for 4-5 days and was seen initially in the ED and sent home after having swabs and pain relief she presents back 4 days later with unrelenting pain and worsening white blood cells and CRP . Her abdomen was bloated and she had diarrhoea and vomiting.

After conservative management with antibiotics she did have a pelvic and abdominal imaging which was inconclusive. They finally decided to do laparoscopy for acute abdomen and sepsis to after 48 hours of admission.

The laparoscopy showed classical fitz High curtis syndrome like picture with the violin strings and also the uterus and tubes looked inflamed.

At the laparocopy peritoneal fluid was sent for culture.

The swab result showed Gonorrhea and the peritoneal fluid showed the same growth

The patient was treated as per Microbiology advise and went home after 3 days

Discussion

A systemic infection let alone as dramatic as this one is where she would end up having laparocopy is rare. Just reminds us to always consider STI in young patient even if the patients have acute abdomen

Reference:

Annual epidemiology report 2019 HPSC Ireland

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A CASE REPORT: A diagnostic conundrum : the naked eye vs the microscopic eye

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Abstract

Female genital tract anomalies have a variety of presentations ranging from asymptomatic to amenorrhea, dyspareunia, chronic pelvic pain and pregnancy complications.(1)

Anomalies can be related to the paramesonephric(mullerian) ducts and the mesonephric(wolfian) ducts. In the female embryo the paramesonephric ducts fuse to form the uterus, cervix and vagina. The incidence rate of paramesonephric anomalies range from 0.1-4.3%.(2) The mesonephric ducts usually regress in females in the absence of testosterone.(3) However paired remnants may persist as gartners duct, which can develop cysts, usually <2cm in size, located in the broad ligament.(4,5)

A 45year old female, p0+2, presented to St James Hospital with an 8month history of purulent vaginal discharge. Imaging showed a solid and cystic pelvic mass. Tumour markers were normal. Her medical history included two previous 1st trimester miscarriages, previous appendicectomy and one ICU admission in Dubai, presumed sepsis, requiring intubation and ventilation. Full investigations at this time are unknown.

Laparoscopy showed a 90x75x60mm mass arising from the cervix to the right of the uterine body. There was a true passage from the cervix to both the uterine body and the mass, which was pus-filled. Clinically this mass appeared to be an embryonic duct anomaly, although not typical for either a paramesonephric or mesonephric duct anomaly. Histology described a central cavity lined with inflammatory cells, granulation tissue, as well as squamous and glandular epithelium. The final report was a nonspecific inflammatory tract.

The diagnosis remains inconclusive as histological and clinical diagnosis are discordant.

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UNDER-DIAGNOSIS OF INTERNAL ANAL SPHINCTER INJURY: A 4 YEAR REVIEW IN A TERTIARY CENTRE

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Abstract

Anal sphincter trauma during childbirth represents the most important risk factor for development of fecal incontinence in women. We compared the grade of tear found clinically, with that found on endoanal ultrasonography in a dedicated perineal clinic.

MATERIALS AND METHODS

This was a cross-sectional study using an institutional hospital database.

From 2016 to 2019, 615 women were referred with an OASI. Of these, 42.0% were referred with a 3a tear, 40.3% with a 3b tear, 10.9% with a 3c tear, and 42 6.8% with a 4^{th} degree tear.

Sonographic evidence of damage to the internal anal sphincter was seen in 12.6% of clinical 3a or 3b injuries. Women with ultrasound damage in the internal anal sphincter had worse symptom scores than those with an intact sphincter ($p < .001$). When the IAS was intact, there was no difference in symptom scores between those with a clinical 3a/3b tear or a clinical 3c tear ($p = 0.114$).

Women with reduced tone on rectal examination were almost twice as likely to have had an IAS injury compared to those with normal resting tone (RR 1.81, $p < .001$).

This study shows that 1-in-8 clinical 3a/b tears involve damage to the IAS. Women who have damage to their internal anal sphincter have worse continence scores.

Given the long-term nature of the data collection, this under-diagnosis likely represents a systematic issue, rather than poor diagnosis by a limited number of clinicians. A finding of reduced tone on PR examination should prompt investigation for IAS damage.

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Non-Consultant Hospital Doctors views' of COVID-19 measures in Irish Maternity units

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Abstract

The COVID-19 outbreak was declared a pandemic by the WHO on March 11, 2020. In Irish maternity units, responses were initially unit-specific, with hastily assembled multidisciplinary teams guiding healthcare practitioners and management in an unprecedented situation.

The aim of this survey was to access the views of non-consultant hospital doctors (NCHDs) on measures taken in Irish maternity units in response to the COVID-19 pandemic.

The survey, conducted between 1/4/2020 and 15/5/2020, was designed using Survey Monkey™ and distributed via mailing lists and social media to NCHDs in 19 Irish maternity units.

Eighty NCHDs accessed the survey. Forty respondents participate in a training scheme, comprising 26% of the total. Most doctors reported major changes to work rostering (92%, 68/74); gynaecological services (76%, 56/74) and antenatal care (68%, 50/74). Up to April 22nd, 32% (11/34) reported PPE/masks use was recommended in antenatal clinics compared to 33% (11/33) throughout labour or in the second stage. From April 23rd, when HSE guidance on PPE changed, these figures increased to 74% (28/38, $p<0.001$) and 46% (17/37) respectively. Nearly all (96%, 68/71) felt their personal and family life was affected. The majority (89%, 63/71) felt their anxiety level was somewhat (44/71) or much higher (19/71) than that before the pandemic.

Many NCHDs felt their units were slow to implement protective measures including PPE use, and they had high levels of anxiety. These findings should inform decision-makers to mitigate the impact of psychological distress on healthcare workers in further crises.

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A SURVEY OF THE EXPERIENCE OF MEDICAL STUDENTS WITH BLENDED TEACHING IN OBSTETRICS AND GYNAECOLOGY DURING A PANDEMIC

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Abstract

Significant challenges exist in the delivery of undergraduate medical education during the COVID-19 pandemic. The UCD Obstetrics and Gynaecology programme at the Coombe Women and Infants Hospital (CWIUH) has been adapted in order to comply with guidance set out by the HSE and hospital to protect patients, students and staff. The adapted programme consists of a blended learning approach between online learning at home and attending clinical attachments in the hospital.

The study aimed to evaluate the student's experience of the blended teaching approach. Secondary aims of the study was to inform further development of the programme.

Final year medical students at UCD rotating through a four week placement at the CWIUH were asked to complete an anonymous questionnaire about their experience of the module at the end of their rotation. Students were asked to rate features of the programme from 0-10 (poor = 0, excellent = 10), strongly agree – strongly disagree and had the opportunity to leave comments.

The response rate was 90% in the first cohort of students. The mean scores were; online learning material 8.1, online tutorials 8.5, antenatal clinics 9.4, gynaecology clinics 7.3, delivery suite 9.2, overall experience 8.8. Of 17 respondents, 76% of students agreed they would like the blended learning approach in other modules.

Overall, the students experience of blended home and hospital learning was positive. Whilst the current pandemic poses significant challenges, we have an opportunity to learn from this experience in order to plan the future direction and delivery of undergraduate medical education.

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THE IMPLEMENTATION OF BLENDED UNDERGRADUATE TEACHING IN OBSTETRICS AND GYNAECOLOGY DURING A PANDEMIC

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Abstract

There are extraordinary challenges in the delivery of undergraduate medical education during the COVID-19 pandemic. Programmes at clinical sites have been adapted in order to comply with guidance set out by the HSE and hospital to protect patients, students and staff.

This is a reflective piece describing the changes and challenges to the delivery of the Obstetrics and Gynaecology programme at a single university maternity hospital during the COVID-19 pandemic.

Final year students at UCD now have a four week clinical rotation in Obstetrics and Gynaecology. Students allocated to the CWIUH avail of a blended learning approach between online learning at home and clinical attachments in the hospital. The details of the programme is discussed in further detail. Potential benefits and disadvantages to this approach are discussed.

Challenges we faced in the development and delivery of the blended programme are explored including; the provision of online learning, ensuring proper social distancing measures and the wearing of personal protective equipment, the supervision of students, providing a similar experience to UCD students allocated to other maternity hospitals, the standardisation of assessments across hospital sites and the challenges of shared resources between other affiliated universities.

Many lessons have been and continue to be learned during development and implementation of the programme. Whilst disadvantages and significant challenges exist, the necessity to change the way we teach has revealed new opportunities, particularly the utilisation of online learning platforms and resources, and could have the potential to change the way future medical education is delivered.

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A SNAPSHOT OF OBSTETRIC SEPSIS IN A REGIONAL HOSPITAL OVER A 12-MONTH PERIOD

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Abstract

Background: Sepsis is a leading cause of maternal morbidity and mortality in the obstetric population as such, prompt identification and aggressive management is important. Aggressive but targeted multidisciplinary management reduces the length of hospitalisation by reducing complications.

Aim: To review the presentation, management and outcomes of obstetric sepsis at OLOL over a 12-month period.

Methods: Retrospective medical chart review. Cases of obstetric sepsis were retrieved from Maternity Information System. Information extracted included age, race, parity, comorbidities, source of infection, vital signs, and commencement of sepsis 6 work up. Timeliness of multidisciplinary involvement, location of care, length of hospitalisation, social vulnerability and involvement of social work department .

Results: 6 identified cases of maternal sepsis. Three less than 20 years of age. Two White Irish, 2 Eastern European, 1 Irish Traveller and 1 Asian. Four antenatal cases, 2 postnatal but normal deliveries. Source of sepsis was respiratory in 3 women, uterine and cellulitic in two. One case had no source. Three had social worker involvement. All presented with hypotension, tachycardia, and increased temperature. Average length of hospitalization was 10 days. Most were in the high dependency unit, while 3 were further managed in the intensive care unit. All cases were promptly identified, sepsis protocol commenced, with early multidisciplinary involvement.

Conclusion: Pneumonia and Urinary tract infections were prominent sources of sepsis in our cohort. Teenage pregnancy and social vulnerabilities were outstanding as source of increased susceptibility in acquisition of infections.

References:

Maternal near-miss case reviews: the UK approach. *BJOG*. 2014;

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MATERNAL OBESITY AND DEPRESSION REPORTED AT THE FIRST ANTENATAL VISIT

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Abstract

Maternal obesity and depression are common and can result in serious complications of pregnancy. Uncertainties remain about the relationship between the two. The aim of this observational study was to examine the relationship between maternal depression and Body Mass Index (BMI) category at the first antenatal visit.

Women who delivered a baby weighing ≥500g over nine years 2009-17 were included. As part of the medical records, self-reported sociodemographic and clinical details were computerised at the first antenatal visit by a trained midwife and maternal BMI was calculated after standardised measurement of weight and height.

Of 73,266 women, 12,304 (16.7%) were obese. 1.6% (n=1126) reported current depression and 7.5% (n=3277) multiparous women reported a history of postnatal depression. The prevalence of self-reported maternal depression was higher in women who were obese, > 35 years old, Irish-born, multiparous, socially disadvantaged, smokers, had an unplanned pregnancy and used illicit drugs. After adjustment for confounding variables, obesity was associated with an increased odds ratio (aOR) of 1.8 (95% CI 1.5-2.1) of current depression. In both nulliparas and multiparas, the prevalence of current depression was higher in women with moderate/severe obesity than in women with mild obesity (both $p<0.001$).

We found that self- reported maternal depression in early pregnancy was associated with obesity even after adjustment for confounding variables. The risk increased with the severity of obesity. While the causation of antenatal depression remains to be elucidated, these findings highlight the possible need for additional psychological support antenatally for women who are obese.

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AN UPDATE ON OUTPATIENT HYSTEROSCOPY SERVICES IN THE NATIONAL MATERNITY HOSPITAL

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Abstract

The development of outpatient hysteroscopy (OPH) services in the National Maternity Hospital has provided an essential service. It has reduced waiting times, reduced the number of admissions for elective, minor procedures and represented a significant cost saving.

We assessed the clinical activity in the OPH department, with a special focus on systems and workflow. This included referral pathways, procedures undertaken and the outcomes achieved. Our particular focus was on streamlining pathways, reducing waste and minimising waiting times. We also identified areas where improvements have been made and where further potential exists.

By describing our services, we hope to provide insight that may be useful to existing OPH units and to those considering establishing these services. We feel that the throughput in a busy tertiary referral centre increases the need for efficient, lean systems that can adapt to new challenges.By describing our experiences, we will demonstrate how this has been achieved.

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INCIDENCE OF STILLBIRTH DURING THE COVID-19 PANDEMIC

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Abstract

Objective

The impact of the SARS-CoV-2 pandemic on pregnancy remains still poorly understood. Khalil et al reported a significant increase in stillbirth incidence during the pandemic period compared to preceding months. We aim to investigate the impact of SARS-CoV-2 pandemic on local mid-trimester losses and stillbirths in Our Lady of Lourdes, Drogheda.

Study Design

We performed a retrospective analysis of pregnancy losses between February 1st -August 31st 2020 with a ten year review of historical data for comparison. Mid-trimester loss was defined as a loss between 13+0 and 23+6weeks gestation, Stillbirth was defined as pregnancy loss at >24+0weeks. Variables collected included maternal demographics, GP & maternity hospital antenatal visits attended, maternal SARS-CoV-2 status, stillbirth investigation findings. Statistical analysis was performed using Stata Version 16, comparison was made by t-test with a p-value<0.05 significant.

Results

The mean stillbirth incidence throughout the eleven years was 4.42 ± 1.72 /1000 births. There were 1606 births in the pandemic period (Feb 1st-Aug31st 2020), compared to 1704 births during the same period in 2019. The stillbirth incidence was 4.36/1000 births in 2020 during the SARS-CoV-2 pandemic and 4.43/1000 births in 2019, p=0.5 There were no instances of maternal SARS-CoV-2 infection.

Conclusions

In contrast to Khalil et al we have not observed an increase in the incidence of stillbirth during the SAR-CoV-2 pandemic. These contrasting findings are unlikely to be explained by the minimal increase in births during their study of 1718 in 2019 and 1681 during the pandemic in 2020.

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INDUCTIONS OF LABOUR RESULTING IN CAESAREAN SECTIONS IN SLIGO UNIVERSITY HOSPITAL (SUH) - DOES PARITY INFLUENCE RATE OF FAILURE OF INDUCTION?

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Abstract

The national caesarean section rate in Ireland was 33.8% in 2018(1). Induction of labour in low-risk nulliparous women after 39 weeks has been shown to reduce the risk of caesarean sections(2). With induction becoming increasingly common in obstetric centres, it is important to investigate factors that may impact on the need for caesarean sections following inductions.

Primarily, we investigated the correlation between parity and the rate of failed inductions. Secondly, we assessed whether there was a relationship between gestational age at induction and the outcome.

We conducted a retrospective analysis of all failed inductions between January-June 2020, using the EuroKing record system in SUH. Inductions using Propess®, Prostin® gel, artificial rupture of membranes (ARM) and intravenous oxytocin were included.

There were a total of 233 inductions between January-June 2020. The overall failure rate was 21.5%. 56% of the failed inductions received Propess®, 20% received Prostin® gel, 42% underwent ARM, 46% had intravenous oxytocin, and only 4% received all four methods. 76% of failed inductions were in nulliparous women, of which 73.7% were induced after 39 weeks. In those induced for post-dates, the failure rate was 42% compared to 28% in those induced for other reasons but were above 39 weeks.

Nulliparous women had the highest rate of failed inductions leading to a caesarean section, regardless of the indication or gestational age at induction. Women above 39 weeks formed the bulk of failed inductions, however this could be attributed to the larger number of patients in that group.

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PRETERM PRELABOUR RUPTURE OF MEMBRANES MANAGEMENT: AUDIT TO ASSESS ADHERENCE TO LOCAL PROTOCOL IN MIDLANDS REGIONAL HOSPITAL MULLINGAR (MRHM)

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Abstract

Preterm prelabour rupture of membranes (PPROM) is defined as rupture of membranes from 24^{+0} to 36^{+6} weeks gestation, and is known to increase risk of preterm delivery and impact on neonatal morbidity and mortality(1). It is therefore important to assess adherence to management guidelines to effectively manage PPROM.

Our main aim was to assess compliance to local protocol for assessment and management of PPROM in MRHM.

We conducted a retrospective chart analysis of all patients that presented with spontaneous rupture of membranes between January-June 2019 through the HIPE system. A total of 100 charts were procured and assessed. Local protocol was used to develop 18 questions, which were all in line with the HSE and RCOG guidelines.

21% of women who presented with spontaneous rupture of membranes had PPROM. There was 70.7% compliance with the local protocol. 100% patients had a high vaginal swab and 95.2% had antibiotics. 94.7% had a fetal heart assessment quarter hourly, 94.1% had a daily CTG and were inpatients for more than 72 hours. 90% had a CTG for 20 minutes on admission and a vaginal examination. 85.7% had amniotic fluid pooling on speculum examination. 81% were given corticosteroids and 72.2% had a neonatal alert sent. 10% had clear documentation regarding patient information of outcomes. None of the patients received tocolysis.

Communication with patients regarding outcomes of PPROM and clear documentation are crucial. A new proforma to assess adherence and improve compliance to same is being developed.

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AN INSIGHT INTO POSTNATAL MATERNAL HEALTH AT THE PEAK OF THE SARS-Co-2 PANDEMIC.

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Abstract

An additional challenge faced by pregnant women during the SARS-CoV-2 Pandemic was the nationwide removal of their "nominated support person" at a time when women are particularly vulnerable. We hypothesized the removal of this support system would result in a deterioration in their postpartum mental health.

We performed a retrospective audit in OLOL Drogheda Hospital comparing February 2020 and May 2020. Variables included completion rate of Edinburgh Postnatal Depression Score (EPDS. An EPDS score of >12 was considered high-risk. An adverse peripartum outcome was defined as a composite of any operative delivery, fetal loss, postpartum hemorrhage >1000ml, SCBU admission, anal sphincter injury or manual removal of placenta. Group comparison was undertaken by a t-test or Pearson Chi^2 Analysis as appropriate with p-value <0.05 deemed significant.

A total of 243 women delivered in Drogheda in February 2020 with a further 233 women delivering in May 2020. There were no observed differences in maternal demographics, perceived risk factors for postpartum depression or adverse perinatal outcome. An EPDS was completed in 92.2% in February with a median score of 4 [2 - 7]. An EPDS was completed in 91.4% in May with a median score of 5 [3 – 8] (p =0.02). There was a trend of increased prevalence of high risk EPDS score with 3.3% (n=8) in February and 5.2% (n=12) in May but this did not achieve significance.

While there was a significant increase in the median recorded EPDS there was no significant increase in the number scoring high-risk of postnatal depression.

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24-HOUR URINE COLLECTION IN ANTENATAL WOMEN, AN AUDIT OF PRACTICE

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Abstract

The Protein Creatinine Ratio (PCR) has been shown to be a more reliable test in pregnancy than 24-hour urinary protein collection [1]. It is not routinely available in all hospitals, though.

This is a prospective audit of adherence to National Institute for Health and Care Excellence (NICE) guidelines for the assessment of proteinuria in the management of hypertension in pregnancy [2]. NICE guidance advises the use of PCR testing over 24-hour urinary protein collection.

A retrospective analysis of patient notes was performed for all pregnant patients who underwent 24-hour urinary protein collection for any reason over a 2-month period in a maternity hospital. Reason for admission or day-ward attendance, urinary test results and patient outcomes were recorded.

47 patient episodes in 40 patients were analysed over the two-month period. There were 39 inpatient admissions, of which 10 of these admissions were for collection of 24-hour urinary protein samples. There were 8 day-ward attendances for 24-hour urine collection sample handling alone. No PCR tests were performed.

By adherence to NICE guidance advising PCR tests over 24-hour urinary protein collection, 10 inpatient admissions could have been avoided and 8 day-ward visits could have been avoided over a 2-month period in a maternity hospital. Hospitals not using PCR should consider putting forward business plans for using PCR testing to avoid inpatient stays and reduce delays in diagnosis.

References:

1. Wilkinson. Spot urinary protein analysis for excluding significant proteinuria in pregnancy. J.Obstet Gynaecol.2013.33(1):24-7

2. NICE 2019. Hypertension in Pregnancy: diagnosis and management.

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A Case of Pelvic Inflammatory Disease requiring a Transvaginal Drain

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Abstract

There are no definitive diagnostic criteria for Pelvic Inflammatory Disease (PID), nor are there protocols for the use of a radiologically guided transvaginal drain for pelvic abscesses. It is due to the lack of these guidelines, that may lead to the delay in onset of treatment for such patients. Subsequently, leading to complications- ectopic pregnancy, infertility and pelvic pain. Insertion of a transvaginal drain is relatively uncommon, however is a simple and safe procedure and many a times the only way to access pelvic disease. This route is suited to pelvic abscess drainage given the proximity of the vaginal fornices to most pelvic fluid collections. The disadvantage is it being semisterile- as there is risk of superinfecting previously noninfected pelvic pathologic conditions. This procedure is safer, as it avoids a laparoscopic washout under GA.

A 39 year old female presented to the Emergency Department with a history of abdominal pain associated with nausea and vomiting. This was on a background of a recent admission 12 days ago with a tubo-ovarian abscess, treated conservatively. CT abdomen pelvis showed marked interval progression of extensive inflammatory change and free fluid in the pelvis. Process appeared centred on a left adnexal cystic lesion and appearances suggestive of a tubo-ovarian abscess/PID. Increased free fluid in the pelvis appeared partially loculated with a thin enhancing rim and there were small enhancing fluid collections in the RIF suggestive of small abscess formation. Patient was started on antibiotics and consented for insertion of a transvaginal drain under radiological guidance.

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A five year review of maternal and neonatal outcomes of patients transferred out of Mayo University Hospital

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Abstract

Background: Mayo University Hospital (MUH) is a secondary level obstetric with approximately 1600 births per annum. Transfer of high risk obstetric cases to a tertiary unit is therefore an important element of practice in MUH.

Purpose: We aimed to assess reason for transfer and outcomes of obstetric patients transferred out of our unit over a five year period.

Study Design: We conducted a retrospective review of patient records to collect data from September 2015 – September 2020.

Findings: In the five year period, 100 women were transferred out of our unit. Of these, 55% were transferred to a national tertiary referral unit and 45% were transferred within the Saolta Group. Reasons for transfer included threatened preterm labour (28%), PPROM (20%), preterm antepartum haemorrhage (21%), maternal complications (17%) and fetal complications (14%). Mean gestational age at transfer was 29+2 (Range 21+5 – 39+5). Mean age at delivery was 32+5 (Range 23+1 – 41+0). Of the women transferred, 67% received steroids, 30% were on magnesium sulphate and 14% were on tocolytics. Of the 100 women, 36% were subsequently transferred back and 32% ultimately delivered in MUH. We were able to obtain full delivery information for 77 women, 33% of which had a vaginal delivery and 67% had a LSCS. There were 3 neonatal deaths. There were no deliveries en route and one ambulance had to return to MUH and the patient had a vaginal delivery on return.

Conclusions: The transfer of patients from MUH is a safe and important element of practice.

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AUDIT FOR INFORMED CONSENT FOR CAESAREAN SECTION.

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Abstract

To achieve excellence in clinical practice and high level of patients care, consents should be clear, understandable and precise.

The aim of this clinical audit is to determine the clinical practice of taking consents of caesarean section (CS) in our lady of Lourdes hospital (OLOH). The standard used was Royal College of Obstetrics & Gynaecology (RCOG) consent form.

This is a retrospective audit of random 51 cases of CS conducted in OLOH in last six months. The audit was approved by the audit committee in OLOH.

A total of 51 cases were included in the audit. 58.8 % of the patients had elective CS and 41.2 % had emergency CS. 98% of the patients were not informed about the benefits of surgery and remaining 2 % were aware of the benefits. Out of 100 %, 64.7% of the women were briefed about serious risks of the surgery. 80.3% of the women were aware of frequently occurring complications.

The overall outcome of this audit suggest that the current form is very simplified, and it does not fulfill the RCOG consent guideline. A new consent form is needed to be developed. This form should include information regarding frequent and serious complications, benefit of surgery, pre-operative information and the type of anesthesia.

Re audit is recommended after implementation of the mentioned changes.

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CASE STUDY: AIR EMBOLISM SECONDARY TO VAGINAL INSUFFLATION DURING OROGENITAL INTERCOURSE

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Abstract

Air embolism as a result of vaginal insufflation is a rare but fatal cause of maternal collapse and death in the third trimester. It occurs when air travels through the cervix, separating the amniotic sac from the endometrium, allowing air to enter the venous system through disruption of the uteroplacental sinus. Finally, the air embolism can reach the brain by crossing from the venous to the arterial system via a coronary arterio-venous shunt. Maternal mortality from case reports is up to 70%.

A 38-year-old para 3 was brought to the emergency room following a collapse and was unresponsive on arrival. Her history was significant for heroin abuse and was stable on maintenance methadone throughout her pregnancy. Fetal monitoring revealed a pathological CTG. Following maternal stabilisation, the fetus was delivered by emergency caesarean section.

Due to the patient's previous history of heroin addiction, the initial diagnosis was that of an accidental overdose. However, clinical findings were not consistent with this. A collateral history from her partner of vaginal insufflation immediately prior to collapse along with radiological finding of multiple venous air emboli, a diagnosis of an acute air embolism caused by vaginal insufflation during orogenital intercourse was made.

The baby was transferred to NICU for therapeutic cooling. The patient was transferred to intensive care and was successfully extubated after 4 days. She suffered an acute neurological injury. Although initial recovery has been promising and she has been discharged to the community, the long term prognosis for herself and baby is uncertain.

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Rhesus disease doesn't always obey the rules

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Abstract

Rhesus disease or haemolytic disease of the fetus and newborn (HDFN) is an immune-mediated red blood cell (RBC) disorder where maternal antibodies attack fetal or newborn RBCs. HDFN is associated with devastating perinatal outcomes, including jaundice, anaemia, heart failure, hydrops and death. Administration of antepartum immuoprophylaxis, has reduced the incidence of HDFN to 0.1%.

Increasing anti-D titres correlate with risk and severity of anaemia. At a threshold of >4iU/mL referral to maternal medicine should occur for assessment of fetal anaemia. This is performed by measuring the middle cerebral artery peak systolic velocities (MCA PSV), with intrauterine transfusion (IUT) considered if MCA PSV > 1.5 multiples of the median (MoM).

This patient is a 42 year-old G9P7 lady, with rhesus isoimmunisation since her third pregnancy. Her partner is homozygous rhesus positive and the fetus in this pregnancy is rhesus positive. Three of the patient's previous pregnancies required IUT and during this pregnancy, she received weekly intravenous immunoglobulin (IVIg) from 15/40. Anti-D levels throughout pregnancy ranged from 40.42iU/mL to 75.00iU/mL.

At 26+1/40, the right MCA doppler was increased >1.5MoM, without evidence of hydrops or ascites. IVIg was stopped and an IUT was performed at 26+3/40. Two further IUTs were carried out, at 29+2/40 and 33/40. Following the first IUT the MCA doppler normalised and remained normal for the duration of the pregnancy. The patient was delivered by elective caesarean section 35+2/40.

Despite immunoprophylaxis, an estimated 1-3/1000 Rh negative women develop isoimmunisation. Unusually for HDFN, this case demonstrates relatively stable titres throughout the pregnancy.

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EARLY EMBRYO DEVELOPMENT IN ENDOMETRIOSIS: NOVEL INSIGHT FROM TIME-LAPSE MICROSCOPY

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Abstract

Many women with endometriosis pursue pregnancy via assisted reproduction technology (ART). Whether ART outcomes are negatively impacted by endometriosis remains controversial and it is not established whether diminished oocyte quality and/or impaired endometrial function contribute to worse outcomes.

Time-lapse imaging allows continuous monitoring of embryo development, providing insight into anomalies present in the early embryo. As very few studies have evaluated early embryo dynamics in endometriosis, we aimed to compare pre-implantation embryo morphokinetic parameters and clinical outcomes in patients with endometriosis and unexplained infertility.

This was a single centre, retrospective 3-year study of IVF/ICSI embryos cultured in a time-lapse incubator. Patients with surgically confirmed endometriosis (Study group) and patients with unexplained infertility (Control) were included. Morphokinetic parameters and calculated dynamic variables of early embryo development were annotated and analysed.

902 embryos from 137 cycles of IVF/ICSI were analysed. Early morphokinetic parameters (tpnf, t2, t3, t4) were significantly lower in endometriosis compared to controls. Mean clinical parameters were also different. The oocyte fertilisation rate was significantly lower in endometriosis compared to control (63.22% vs 70.08%; p=0.0248) and the live birth rate was also lower (42.37% vs 35.53%). However, when male factor infertility was excluded from the endometriosis study group, these differences became insignificant.

In conclusion, we identified very novel significant differences in early embryo morphokinetic parameters in endometriosis embryos compared to those from controls. The underlying mechanisms for these will be interrogated. The interplay of male factor infertility and sperm effects also deserve further consideration.

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Provision of safe Gynaecological Oncology surgery in the COVID-19 era.

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Abstract

The outbreak of COVID-19 has had significant repercussions on the provision of oncological surgical services throughout the world. Within any Gynaecological Oncology service, careful consideration must be given when weighing up perioperative risks & potential inpatient exposure to COVID-19 versus the risk of delaying surgery. For some, deferral of surgery may result in disease progression. From March-July 2020, we identified 118 Gynaecological Oncology patients referred to the Ireland East Gynaecological Group between the Mater Misericordiae University Hospital (MMUH) & St. Vincent's University Hospital (SVUH) for whom major oncological surgery was deemed clinically urgent.

To minimise peri-operative morbidity and the risk of onward hospital transmission of COVID-19, screening questionnaires were administered prior to hospital admission. This questionnaire screened for epidemiological risk, symptoms, recent travel & contacts. Routine testing for SARS-CoV-2 was not performed if asymptomatic.

We analysed the clinical data of these 118 patients to determine their baseline characteristics/risk factors for COVID-19, suspected diagnoses, surgical procedures & 7-day morbidity. The cohort consisted of ovarian (n=57), endometrial (n=41), cervical (n=6) and vulvo-vaginal (n=14) cancer patients. 44% of cases were laparoscopic and 18% were major cytoreductive surgeries. All 118 patients screened were deemed asymptomatic & low risk, and therefore proceeded to surgery. Within this cohort, 41.5% (N=49) of patients had a defined risk factor for COVID-19. 7-day morbidity was 13% (N=16). 3 patients met symptomatic criteria for COVID-19 testing post-operatively, however none tested postitive.

Careful patient selection based on risk factors and symptoms can allow units to continue to perform safe oncological surgery during a pandemic

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To Evaluate Health Care Professionals Compliance To Appropriate Prescription Of Aspirin At Antenatal Booking

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Abstract

The effect of Aspirin on cyclooxygenase COX-dependent prostaglandin synthesis is dose dependent. Evidence suggesting that an imbalance in prostacyclin and thromboxane A2 TXA2 metabolism was involved in the development of preeclampsia PET prompted the initial studies of aspirin for PET prevention because of its preferential inhibition of TXA2 at lower doses.

Assessed the compliant of health care professionals to assess patients requirement for Aspirin at antenatal booking 12 weeks gestation, commence the right dosage and duration of Aspirin if required at the appropriate gestation based on the NICE guidelines.

Data was obtained over a period of 3 weeks at antenatal clinics by selecting women that were prescribed Aspirin. Data was recorded on a standardized proforma which evaluated the following: What was the indication to start oral Aspirin and was it commenced at the appropriate weeks. What dose was prescribed. Was the gestation to stop Aspirin stated in care plan.

30 women were enlisted. 70% were identified at booking and 20% were missed, 10% prior to booking, majorly for history of Pregnancy Induced Hypertension PIH or PET. 20% had multiple indications for use of Aspirin in pregnancy. 3.33% were commenced on Aspirin in 3rd trimester. 67% were prescribed 75mg while 33% had 150mg dose. Inconsistency in the indication and dosage of Aspirin was noted and no local guideline or standard provided.

We recommend a local guideline to be made in view of Aspirin in pregnancy including factors to be considered, amount of dose and duration, and the appropriate gestations to commence treatment to improve patient quality of care.

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AN AUDIT OF OUTPATIENT HYSTEROSCOPY OUTCOMES IN THE NATIONAL MATERNITY HOSPITAL

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Abstract

The study aim was to review waiting times and outcomes from our outpatient hysteroscopy [OPH] service.

The purpose of this audit was to ensure the clinic is safe and efficient, and identify areas for improvement.

Data from patients seen in the OPH clinic from January-March 2020 inclusive was collated. Comparison was made with standards in the RCPI guideline "Investigation of Postmenopausal Bleeding" and the RCOG/BSGE guideline "Best Practice in Outpatient Hysteroscopy" as well as local protocols.

Of 113 women, 85% were new (n=96) and 15% were review (n=17). 53% of new were classed as urgent (n=51) and 47% as routine (n=45). Indications for referral included postmenopausal bleeding (46%), menorrhagia (21%), intra-uterine device retrieval (14%), abnormal imaging findings (10%) and other (9%). Mean time from referral to appointment for urgent was 45 days, and 71 days for routine. 85% of procedures attempted were successfully completed (n=73). Immediate complications included bleeding from cervix (n=2), discomfort (n=9) and vasovagal (n=1). No patient presented with a later complication. 75% (n=78) were discharged. 9% (n=9) required repeat OPH and 16% (n=16) required procedure under general anaesthesia.

These results show that our clinic is relatively efficient as 75% did not require repeat procedure. Mean waiting time for new urgent appointments could be improved, although patients do undergo ultrasound earlier within this timeframe. We have implemented a standardised referral form so unsuitable patients may be redirected, and high risk patients prioritised. An additional clinic has been added and we plan to re-audit within 12 months.

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Targeted Routine Antenatal Anti-D Prophylaxis: A study of Non-Invasive Perinatal Testing, findings and cost analysis

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Abstract

Prophylactic anti-D has helped bring the incidences of Hemolytic Disease of Newborn to below 1%. NIPT to assess fetal rhesus status, helps to target anti-D for women who show positive result. In the context of a world-wide shortage of anti-D, questionable efficacy of routine antenatal anti-D prophylaxis at 28 weeks, and the risks of a human blood product, there are ethical reasons to support targeted use of anti-D.

We aimed to evaluate the effect of NIPT and tRAADP by setting up an Anti -D clinic and performing NIPT on all rhesus negative patients.

The data from July 2017-June 2020 were compiled. The number of NIPT performed, number of patients who received Anti -D and costs involved were assessed.

758 mothers were rhesus negative. Of these, 748 of them underwent NIPT for fetal rhesus status. Out of the tested group 280 tested negative, 451 tested positive and 17 tested inconclusive. There were zero false positives/negatives. Out of 468(451+17inconclusive), only 405 received Anti-D. The remaining-23 were late bookers/transferred to other hospitals and 40 are awaiting Anti -D as per data until June 2020. The cost of Anti-D for 405 patients that received it were approximated at €35368.65. Adding the costs of NIPT and shipping charges brings the total to €60890.77. Whereas if 758 patients had received Anti-D the cost would have averaged at €66196.14.

The above data shows that NIPT and tRAADP will reduce use of blood products by almost 37.4% and costs to a certain extent.

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RETROSPECTIVE AUDIT OF DEBRIEFING AFTER CHALLENGING DELIVERIES -AUDIT LOOP COMPLETE.S.NAZIR,R.BEETHUE,S.SELVAMANI.GYNAE AND OBSTETRIC DEPARTMENT,OUR LADY OF LOURDES HOSPITAL DROGHEDA.

syeda farah nazir[1,2], Raksha Devi BEETHUE[1]
[1]Our lady of Lourdes Hospital Drogheda, Drogheda, Ireland. [2]Cork University hospital, Cork, Ireland

Abstract

Emotional wellbeing of women during Perinatal period is Recognised to be as important as the Physical health of the mother and child.Communication between the health care professionals and the patients is essential for the provision of safe and high-quality care and also avoids litigation in the medical practice.

Aim of our audit was to improve patient care and satisfaction after complex and challenging events related to labour and birth.

First audit of Debriefing was conducted and presented in November 2019.A proforma to collect the data for debriefing was devised and approved. During the Re-audit phase Data was collected for 50 patients over a period of 6 months from January to June 2020 using the patient medical records.

Total Number of patients included in the study were n=50.

Main events recorded for debriefing included Emergency Lower Segment Caesarean Section,Instrumental deliveries,Postpartum Haemorrhage and Manual Removal of placenta of the patients. Allocated debriefing proforma was filled by main operator in 40%,while 20%were debriefed by the other team.No Documentation was noted in 20%of the patient records.

After completition It was noted that Good percentage of the patients were debriefed in a structural way following the protocols. Still deficiency in some cases was noted.

We recommended that In the event of complex cases and deliveries the patients should be Rdebriefed during the postnatal period ideally within 48 hours of the event by the primary team involved.

References:

1.RCOG-GTG-Operative vaginal Delivery.

2.THE ROYAL COLLEGE OF MIDWIFERY-What is the purpose of Debriefing Women in the postnatal period.

187

Blood sugar control in patients with gestational diabetes mellitus during the SARS-CoV-2 pandemic lockdown in Ireland

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Abstract

Gestational diabetes mellitus is one of the most common complications of pregnancy, and in order to prevent its serious maternal and foetal consequences, close surveillance is required during the antenatal period. During the 2020 SARS-CoV-2 lockdown in Ireland, women with gestational diabetes faced the challenge of managing a complex medical condition during an uncertain pandemic with strictly imposed lockdown measures, which limited physical movement and reduced the number of antenatal clinic appointments. A few studies are emerging regarding blood sugar control during the lockdown in patients with type 1 and type 2 diabetes, but there have been no studies as of yet analysing the effects of the lockdown on women with gestational diabetes. Our aim was to assess the effects of the lockdown on blood sugar control as well as weight changes and perinatal outcomes of women with gestational diabetes. We hope that this study will allow us to anticipate changes in the health of these women in the event of further lockdowns during this evolving pandemic.

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Postpartum Venous Thromboprophylaxis for Women with Class III Obesity

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Abstract

Venous thromboembolism (VTE) is an important cause of maternal mortality and morbidity in the developed world. It is also one of the most preventable causes, as risk factors are well established. Obesity is one major risk factor for VTE, with increasing body mass index conferring an increased risk. Therefore, current guidelines recommend routine postnatal thromboprophylaxis in the particularly high risk group of morbidly obese women. Our aim was to audit the percentage of such women who received thromboprophylaxis postpartum in the years 2017-2019.

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Barriers to Perinatal Mental Health Screening in Maternity Setting

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Abstract

For most women, pregnancy, birth and motherhood are a positive and joyful psychological process. However, for some women these life-changing events can be associated with psychological distress and mental health problems. 15-25% of women will experience a mental health problem during pregnancy or up to one year postnatal, as a new problem or reoccurrence of a pre-existing mental health problem. The confidential enquiry into maternal deaths and morbidity, in the UK and Ireland, 2014-2016 reported that 114 women died from mental health related causes during or up to one year after pregnancy (MBRRACE-UK 2018). It is widely accepted that there are complex barriers to perinatal mental health screening and management.

The aim of this project was to identify the main barriers to perinatal mental health screening experienced by both health care professionals and patients in a maternity hospital.

Data collection proformas were prepared, one for healthcare professionals and one for patients. These were distributed in antenatal clinic in UMHL every day for the month of February. This data was then analysed using excel.

From our literature review three main themes emerged; time, education and training and communication.

The barriers experienced included; lack of contact time, workload, lack of continuity of care, inadequate education and training, and ineffective communication.

Analysis of our data collected from patients, will identify the main barriers experienced in discussing their mental health when attending antenatal clinic. This will enable modifications to our screening system, leading to a more user friendly process and more effective patient care.

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THE IMPACT OF COVID-19 ON THE PRESENTATION TO THE EMERGENCY DEPARTMENT IN THE COOMBE, WOMEN AND INFANTS UNIVERSITY HOSPITAL

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Abstract

The SARS-CoV-2 (COVID-19) pandemic has led to disruptions in healthcare delivery. A decrease in presentations to emergency departments has been widely documented with some reporting a decrease of up to 70%. Many providers are concerned that those with acute concerns are not presenting due to pandemic related concerns. The aim of this study was to investigate the impact of the Covid-19 pandemic on the number and nature of presentations to the emergency department in our institution.

This was a single centre retrospective observational study which examined routinely collected health data from February 1st to July 31st 2020 inclusive. The time period encompasses the month prior to the introduction of nationwide restrictions, and the peak of the pandemic. The health data was categorised based on pregnancy status, presenting complaint, and outcome of the visit.

In our data we found a decrease in overall presentations by approximately 40% (865 patients vs 522 patients), when 32 days before and after the introduction of nationwide COVID-19 restrictions (12/03/20) were compared. The proportion of gynaecological presentations also fell significantly (12% vs 7%) (p=0.012) in this period. Of note when restrictions were lifted (32 days from 01/07/20), the proportion of gynaecological presentations returned to their previous levels (12% vs 11%). There were no significant changes in proportion of postnatal presentations.

The findings of this study may be useful in understanding the trends in perinatal emergency department attendance levels during the COVID-19 pandemic, and potential role of more robust remote triage services to maintain access to care.

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EFFECTS OF ISOLATION DURING THE COVID-10 PANDEMIC ON MOODAND RELATIONSHIPS IN PREGNANT WOMEN

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Abstract

COVID-19 the first pandemic of its kind. The spread of the Covid-19 and has resulted in a significant psychological impact on the mental health of the general population. There has also been emerging evidence of further secondary morbidity with increase in domestic violence associated with the strategies implemented to slow the spread of the disease, namely isolation and lockdown. We sought to assess the effects of lockdown on loneliness on maternal mood as well as its effects on relationships with partners, families and friends.

A prospective study was carried out involving patients attending for antenatal care in a tertiary level maternity hospital. Patients were requested to carry out a questionnaire in the second and third trimester of pregnancy when presenting for routine assessment at the out-patient clinic. The questionnaire was based on maternal mood during the lockdown phase of the covid-19 pandemic and relationships between partners, family and friends during this time.

De-identified patient responses were electronically recorded and analysed and subsequent descriptive statistical analysis was carried using IBM SPSS Version 24.0.

Most women (98.6%;69/70) reported their relationship had not deteriorated over this time with 4.3%; 3/70 reporting that their relationship had deteriorated. 34.3%;24/70 of women reported that they were improving relationships with family by communicating with them more frequently than outside the pandemic in the form of phone and/or video calls.

The lockdown has had both positive and negative effects on mental health with women both enjoying the slower pace of life but also having loneliness and anxiety.

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Improving Instrumental Delivery Rates in Multiparous Women

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Abstract

In UMHL we noticed high rates of instrumental deliveries in Multiparous women, at 18% compared to the stated average of 13-15% across the literature. Instrumental deliveries are associated with increased morbidity for both mothers and their babies. Maternal complications include vaginal and perineal trauma including higher rates of third and forth degree tears, bladder injury, urinary and fecal incontinence, increased concern for baby and psychological trauma. Neonatal complications include cehpalhaematoma, retinal haemorrhage, and NICU admission.

Our aim is to identify the main risk factors leading to instrumental deliveries in multiparous women in our unit. This will then allow us to implement strategies to reduce this, leading to overall better outcomes for mothers and their babies.

A literature review was preformed on instrumental deliveries and their outcomes. A data collection proforma was prepared. A list of all instrumental deliveries in multiparous women in 2018 was complied from Labor Ward delivery logs. These charts were requested from medical records. A retrospective chart review was preformed.

Our data is currently under analysis.

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Smoking cessation Through Optimisation of clinical care in Pregnancy: The STOP randomised controlled trial.

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Abstract

Smoking cessation improves pregnancy outcomes, yet there is confusion over effective models of antenatal care for smokers. The STOP clinic model of care is provided by an obstetrician, midwife and smoking cessation nurse located together in a single clinic at the same time.

Study design:

Pragmatic RCT of a novel smoking cessation antenatal clinic (the STOP clinic) compared to routine antenatal care. Current smokers were randomized with stratification for age, parity and history of fetal growth restriction (FGR). The intervention arm comprises the STOP clinic with ultrasound screening for FGR. The control arms were: 1) Routine antenatal care with ultrasound screening for FGR and 2) Routine antenatal care with no ultrasound screening unless clinically indicated. The primary outcome is biologically validated continuous abstinence from smoking. The secondary outcomes include maternal and fetal morbidity and mortality and other measures.

Results:

436 women were randomised with 381 women included in final analysis. Women attending the STOP antenatal clinic were more likely to quit smoking than those in routine care (RR 3.85, 95 % CI: 1.18 to 12.58), and those in routine care with screening (RR 3.81, 95 % CI: 1.16 to 12.45). Quitters in the intervention arm had a significantly greater birthweight than of non-quitters, 3.4kg vs 3.1kg, $p<0.01$. No difference was noted in perinatal mortality.

Conclusions:

The STOP antenatal model of care leads to higher cessation rate and a clinically significant increase in birthweight in quitters compared to non-quitters. Perinatal mortality was not improved, highlighting the need for smoking cessation prepregnancy.

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SAFETY AUDIT OF GBS REAL-TIME PCR TESTING PROTOCOL PRIOR TO INDUCTION OF LABOUR

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Abstract

This safety audit was conducted to assess the impact of a service using GBS PCR compared with our previous policies and to identify any adverse impact caused by the introduction of this screening policy.

It was a retrospective review of outcomes and events of women who underwent induction of labour(IOL) between May and July 2019 (following introduction of routine GBS PCR screening at IOL-606 patients) compared with data from women who underwent IOL between May and July 2018 (when GBS PCR screening was only being done when a patient presented with SROM at term prior to labour-510 patients).

The data was collected from the MN-CMS system and cross checked with the medication administration report. The data was analysed in excel.

551 GBS PCR swabs were taken and all generated a positive or negative result. Average age of both cohorts was similar, showing similar demographics.The overall ceasarean section rate pre intervention was 22.5% and post intervention was 23.9%. A decrease is noted in the incidence of intrapartum pyrexia post intervention to 8.2 % from 10.6%, a decrease is also noted in the number of patients developing intrapartum pyrexia already on antibiotics. Better targeted antibiotics is evident in the reduction of septic work up performed in labour down to 10.4% from 12%. It is also seen in the increase of negative cultures from these septic work up in the post intervention group to 65.1% from 24.1%.Despite introduction of GBS screening, fewer patients actually received intrapartum antibiotics 25.6% as compared to 30.1%

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HIGH-OUTPUT CARDIAC FAILURE IN A FETUS SECONDARY TO PLACENTAL STEAL PHENOMENON

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Abstract

Background

Chorioangioma is the most common benign tumour of the placenta, occurring in 1% pregnancies. Most are small and only identified on histologic examination of the placenta after delivery. Larger tumours can be clinically important, causing fetal complications such as polyhydramnios, cardiovascular compromise, preterm delivery, and abruption.

The Case

A 27-year-old woman was referred to The Rotunda from OLOLH, Drogheda with a large placental mass at 30 weeks gestation. The mass measured 12x10cm and was highly vascular. The fetus was noted to have cardiomegaly, moderate tricuspid regurgitation and increased middle cerebral artery peak systolic velocity >1.5 MoM. The fetus was anaemic with high-output cardiac failure secondary to a steal phenomenon from the chorioangioma. An intrauterine transfusion was performed to correct the anaemia, and after multidisciplinary team discussion between fetal medicine and neonatal specialists, the decision was made for elective Caesarean delivery in view of fetal cardiac failure and the progressive nature of the placental steal phenomenon. A baby girl was delivered in good condition and the placenta was sent for histological examination. We await the results.

Conclusion

Large chorioangiomas >5cm in size are rare, and occur in 1:3500 to 1:16,000 births. While case reports describe interventions to devascularise the mass, such as chemosclerosis or fetoscopic laser ablation of vessels supplying the tumor, there is little guidance on the optimum antenatal management. An MDT approach is needed to balance the risks of progressive deterioration of the fetal consequences of this vascular steal phenomenon, versus the risks of iatrogenic prematurity.

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COST-EFFECTIVENESS OF TARGETED ANTENATAL ANTI-D IN IRELAND USING NON-INVASIVE PRENATAL TESTING TO DETERMINE FETAL RHESUS STATUS

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Abstract

Non-invasive prenatal testing (NIPT) for predicting fetal rhesus status in pregnancy allow rhesus negative women with a rhesus negative fetus to avoid unnecessary anti-D in pregnancy. Ethical arguments in support of targeted anti-D include a worldwide shortage of anti-D, questionable efficacy of routine antenatal anti-D prophylaxis, and risks posed by human blood products. NIPT sensitivity of 99.8% results in a small number of false negatives. The Irish Anti-D Working Group has called for assessment of its economic feasibility.

This study aims to establish the cost-effectiveness of national routine non-invasive prenatal testing for targeted antenatal anti-D in Ireland.

The economic model was developed for an independent economic analysis of high-throughput NIPT for the National Institute of Clinical and Health Excellence (NICE), and adapted for the Irish setting with permission from the model developer. Input parameters were populated with data relevant to the Irish population using local and national references. The unit cost of NIPT available in Ireland (€40) was compared to the cost if outsourced to the UK (€34.77).

Compared to current practice, targeted anti-D would result in increased cost of €10,900 and loss of 0.052 QALYs per 100,000 pregnancies when NIPT costs €40. If NIPT costs €34.77, targeted anti-D would decrease costs by €33,324 compared with current practice.

At the current unit cost of NIPT (€40) from the Irish Blood Transfusion Service, national implementation of targeted anti-D would not be cost effective, however it appears that reducing the cost to below €35 would result in cost-effectiveness.

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UNDECLARED EXTRA BAGGAGE: A LARGE FIBROEPITHELIAL VULVAL POLYP

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Abstract

Background

Womens' health issues are sometimes considered embarrassing, which can lead to a delay in presentation for care. Obstetric care provides an opportunity for women to engage with healthcare providers. We describe a case of a 12cm pedunculated mass that was only detected on postnatal perineal examination.

Case Report

A 34 year old normal risk woman presented in advanced labour with her fifth baby and had a precipitate delivery. During suturing of a first degree perineal laceration, a large pedunculated mass was noted to be arising from the right labia majora. The patient stated that it had been there for four years, and she had not sought medical attention for same. Despite this, it caused quality of life issues and difficulty with dressing and toileting owing to its' location. The following day, on senior obstetric review, it was removed under local anaesthetic. Histopathological examination revealed a 12 x 9 x 5cm skin covered polypoidal mass arising from a 3cm stalk. The polypoidal lesion had overlying ulceration with granulation tissue. The polyp itself was composed of an admixture of stellate-like spindle cells, muscle fat and thick walled vessels in keeping with a benign fibroepithelial polyp.

Discussion

Vulval benign fibroepithelial polyps more than 2cm are rare, and can be difficult to distinguish from their malignant counterparts. This mass grew exponentially antenatally, yet this women did not declare its' presence despite engaging with multiple health care providers. This demonstrates the importance of de-stigmatising women's health issues and encouraging open dialogue.

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CHARACTERISTICS AND OUTCOMES FOR WOMEN UNDERGOING BOWEL RESECTION AND PRIMARY ANASTOMOSIS DURING GYNAECOLOGICAL ONCOLOGY SURGERY

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Abstract

Background: Women undergoing radical cytoreduction surgery for gynaecological malignancy regularly require bowel resection and often have sub-optimal performance status preoperatively. A serious complication of anastomosis formation is postoperative anastomotic leak.

In this retrospective study we aimed to determine the characteristics and clinical outcomes of women undergoing bowel anastomosis in our cancer centre from 2018—2020.

Methods: Patients were identified using the department database. Demographic and clinical details were obtained from the electronic patient record. Women diagnosed with cancer that had bowel anastomosis were included.

Results:

100 women underwent bowel resection for cancer and 44 had primary anastomosis.

19 had recto-sigmoid resection with anastomosis, 7 had colo-colonic anastomosis, 10 had ileo-colonic anastomosis and 14 had ileo-ileal anastomosis. 6 had more than one anastomosis site.

Tubo-ovarian malignancy was the most common (29), followed by cervical (7) and uterine (4). 4 cancers were subsequently diagnosed as colorectal on histopathology after a preoperative MDT consensus favouring gynaecological cancer.

12/44 women had interval cytoreductive surgery after neoadjuvant chemotherapy.

6/44 women had a defunctioning stoma at the same time as anastomosis. 1 of these 6 had more than one anastomosis.

The mean age was 58.4 years (27-77). 12 were smokers and 5 had Diabetes Mellitus Type 2. 10 had a BMI >29.9kg/m2.

2/44 (4.5%) experienced an anastomotic leak on post-operative days 5 and 8 respectively.

Conclusion: Women undergoing bowel surgery for gynaecological malignancy infrequently experience anastomotic leak in our centre, despite pre-existing risk factors and low rates of defunctioning stoma formation at primary surgery.

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LARGE FOR GESTATIONAL AGE: MANAGEMENT AND OUTCOMES IN A TERTIARY CENTRE

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Abstract

Background

Large for gestational age is defined as birthweight greater than the 90th percentile for age. Recent decades have seen a 15-20% increase in the proportion of women giving birth to large infants in many developed countries. Women who deliver a macrosomic infant are more likely to suffer an adverse obstetric outcome such as shoulder dystocia, chorioamnionitis, fourth degree tear, post-partum haemorrhage and a longer hospital stay. However, there is no accepted management approach of macrosomic infants who are identified antenatallyand mode of delivery varies greatly between pre-labourcaesarean section, induction of labour <40weeks and no intervention.

Methods

This retrospective study identified babies with birth weight greater than or equal to 4kg born between August 2019 and August 2020. Basic demographics including maternal age, parity and infant gender were collected. Women with a diagnosis of diabetes were looked at separately. Birthweightwas graded: grade 1 4000-4499g, grade 2 4500 to 4999g and grade 3 >5000g.

Results

3.8% (n=298/7914) of babies born had a birthweight >4kg. 10% of these babies had a shoulder dystocia at delivery (n=30/298). Perinatal death rate of babies >4kg was 2.5 per 1000 (n=3). Associated risk factors were identified - male infant sex, multiparity, maternal age 30-40 years, diabetes and gestational age >41weeks. Sonographic estimations and actual birthweightwere compared.

Discussion

The number of macrosomic infants is increasing. We will continue to identify more of these babies antenatally as ultrasound becomes more widespread. Consensus on the approach to management of large for gestational age infants is vital.

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THE EFFECTS OF MATERNITY SERVICES GOVERNANCE ON THE MANAGEMENT OF PERINATAL DEATHS AND BEREAVEMENT SERVICES

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Abstract

External inquiries are carried out following adverse maternal/perinatal events, to examine the care provided and make recommendations for improvement. Clinical governance ensures that organisations promote high-quality care and are accountable for the care provided, thus contributing to its improvement.

This study examined how perinatal bereavement services and management of perinatal deaths (including events leading up to deaths) were affected by developments in maternity services governance as described in 10 published Irish inquiry reports (2005-18).

Two clinicians collected data from the inquiry reports using a specifically-designed review tool. Thematic analysis was carried out, following the steps of familiarising, coding, identifying, grouping and revising themes.

Seven main themes were identified: workforce, leadership, management of risk, work environment, hospital networks, guidelines, data collection.

Eight reports noted shortcomings in staffing levels, with a workforce that was under-resourced, and sometimes carried excessive workloads. The absence of 24/7 midwifery-shift leaders in units resulted in problems with care at times not being escalated appropriately. The absence of a widely-owned, understood strategy for the maternity services' management was mentioned from 2013. Three reports raised concerns on the lack of local audit activities.

The National Bereavement Care Standards (2016) were published to address deficiencies noted in the inquiry reports and standardise perinatal bereavement care across the 19 maternity units. Though the Maternity Strategy was published in 2016, its implementation is incomplete. To initiate positive changes in clinical perinatal services, incident reviews, national strategies and reports including inquiries, need to include realistic recommendations with timelines and responsibilities for implementation.

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A REVIEW OF INCIDENCE AND COMPLIANCE WITH MANAGEMENT OF OBSTETRIC ANAL SPHINCTER INJURIES AT MULLINGAR REGIONAL HOSPITAL (SEPT 2017 – SEPT 2020)

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Abstract

A REVIEW OF INCIDENCE AND COMPLIANCE WITH MANAGEMENT OF OBSTETRIC ANAL SPHINCTER INJURIES (OASIS) AT MULLINGAR REGIONAL HOSPITAL (SEPT 2017 – SEPT 2020)

Inconsistences in the management of OASIS do occur. Reviewing the practice here in the regional hospital will aid the deliverance of appropriate patient care to match other obstetric units in the country and region.

There has been decreasing trends of OASIS in the recent past. The review will highlight the compliance to protocol and effectiveness of follow-up to complete patient care.

A similar audit that covered 2016 and 2017 was conducted. It compared well compared to national standards. In the above-mentioned period, the rates were 2016 (1.4%) and 2017 (o.42%).

This study covered the periods sept 2017 to Sept 2020. During the retrospect chart review study, we looked at OASIS.

Chart review to obtain delivery, operative and postnatal followup care were conducted. Using the Royal college of Obstetrics and Gynaecolgy guideline as a standard descriptor, we compared standard practice to that of ours. All deliveries that were classed third or fourth degree perineal tears were selected. Systematic review as indicated in our excel chart was conducted. The data was analysed using descriptive and numerical variance to indicate performance levels.

60 patient charts were reviewed. 8/60 (13.3%) 4th degree, 52/60 (86.6) 3rd degree; Instrumental deliveries 15/60 (25%), SVD 45/60 (75%); Induction of labour 31/60 (51.6%) spontaneous labour 29/60 (48.3%)

There was a 100% follow-up of patients. Suture techniques as well as suture type.

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DECISION TO DELIVERY INTERVAL FOR EMERGENCY CAESAREAN SECTION AT REGIONAL HOSPITAL MULLINGAR

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Abstract

Decision to deliver electively is not covered in this review. The decision to deliver may come as an unplanned event culminating into an emergency event. The clinician should act in the best interest of the mother and baby. Getting the timing right is vital.

This audit is conducted to compare our practice against standard practice offered by the National Institute for Health and Care Excellence (NICE) as indicated below:

It recommends the use of these intervals below as a measure of an obstetric unit's performance: 30 minutes for category 1 CS; and 75 minutes for category 2 CS. In the updated version [new 2011] of the guide, it recommends the use of the above as audit standards only. The American College of Obstetricians and Gynaecologist also support the use of these intervals for DDI in managing situations where maternal or foetal compromise may lead to poor obstetric outcomes.

At Mullingar Regional Hospital such studies as done in other tertiary hospitals are indicated for comparative purposes.

We looked at the Emergency deliveries Aug and Sept 2020. The general trend covering April to September 2020 will indicated for further comparative purposes.

26/45(57.7%) Primips
19/45(42.2%) Multips
Spontaneous labour 21/45(46.6%)
Induction of lablor 24/45(53.3%)
Not in established labour 6/45(13.3%)
Category 4 is excluded
Category 3 – all were delivered timely
Category 1/2 - met guideline criteria.

These rates reflect the units performance and not that of an individual.

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Collection and Storage of Forensic Evidence to Enable Subsequent Reporting of a Sexual Crime to the Police - An Irish Experience

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Abstract

Sexual Assault Treatment Units (SATUs) provide holistic care, frequently including forensic examination, for people who disclose sexual violence. Storage of forensic evidence without reporting to the Irish Police Force (An Garda Síochána, AGS) (Option 3) was introduced in August 2016. This allowed people time to decide whether they wanted to report to AGS, without the loss of all forensic evidence. This paper presents a retrospective analysis of all 'Option 3' cases at the Dublin SATU, between 1/8/2016 and 30/04/2020. The aim of this study was to ascertain the uptake of this care option, the details of these cases and the level of subsequent disclosures to AGS.

During the study period there were 1258 attendances. Of these, 10% (n=127/1258) were 'Option 3'. 93% (n=118/127) were female and 7% (n=9/127) were male. The mean age was 26. 20% (n=25/127) subsequently reported the incident to AGS, 60% (n=15/25) within 7 days and 80% (n=20/25) within 1 month. 80% (n=20/25) of these reported cases had their evidence retrieved by AGS for analysis. 3% (n=4/127) requested that their evidence kits be kept for an additional year. None of these patients reported over that following year and their evidence was subsequently destroyed.

In conclusion, the availability of 'Option 3' has afforded people the opportunity to access responsive SATU care including storage of forensic evidence which may have significant evidential value. This potentially provides further opportunities for comprehensive detection of a crime, even if reporting to AGS is delayed.

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EFFECT OF THE COVID-19 PANDEMIC ON COLPOSCOPY SERVICES IN A SNAPSHOT

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Abstract

The aim of this study was to assess the effect of the COVID-19 pandemic on the colposcopy services and management outcomes.

A study was carried out in a tertiary hospital in Dublin to assess the number of colposcopy new referrals, average waiting times, appointment cancellations, colposcopy procedures and histology outcomes from March-September 2019 versus March–September 2020.

1413 new referrals were received between 1/03/2019 – 30/09/2019. 729 new referrals were received from 1/03/2020 – 30/09/2020. There were 225 appointment cancellations in 2019 and 258 appointment cancellations in 2020. The average appointment waiting times were 3 - 8weeks for HSIL and 17weeks for LSIL with HR-HPV in 2019 versus 1 - 2weeks for HSIL and 10weeks for LSIL with HR-HPV in 2020. Of the 1413women referred in 2019, 492women (36%) had cervical biopsy and 77women (5.4%) had LLETZ at the first visit. Of the 729women referred in 2020, 224women (31%) had cervical biopsy and 10women (1.4%) had LLETZ at the first visit. Histology showed the following results - CIN1 : 358 in 2019 vs 117 in 2020, CIN2: 85 in 2019 vs 57 in 2020, CIN3: 106 in 2019 vs 22 in 2020, CGIN: 1 in 2019 vs 0 in 2020, micro-invasive squamous cell carcinoma: 4 in 2019 vs 3 in 2020.

This study shows a 52% reduction in the referrals received over the 7month period in 2020 when compared to 2019. The average waiting times were shorter in 2020 when compared to 2019. This demonstrates appropriate prioritisation of high-grade referrals during the COVID-19 pandemic in 2020.