

Book of Abstracts (Posters and Orals)

**Junior Obstetrics and Gynaecology Society
Annual Scientific Meeting 2021**

Friday November 26th 2021

Table of Contents

1 (Oral) A RISK CALCULATOR FOR POST-OPERATIVE URINARY RETENTION (POUR) FOLLOWING PELVIC FLOOR SURGERY

Breffini Anglim

2 (Poster) AN INVESTIGATION INTO FERTILITY AWARENESS AMONGST THE CHILD-BEARING POPULATION IN IRELAND

Jenny Stokes

3 (Poster) AN AUDIT OF EXTERNAL CEPHALIC VERSION (ECV) AND SERVICE EVALUATION AT A TERTIARY HOSPITAL.

SURA ALNAJJAR

4 (Oral) KNOWLEDGE AND AWARENESS OF LIFESTYLE AND DEMOGRAPHIC FACTORS ON FERTILITY: A COMPARISON OF STUDENTS AND OUTPATIENT ATTENDEES

A Booth

5 (Poster) LAPAROSCOPIC UTERINE NERVE ABLATION (LUNA) FOR CHRONIC PELVIC PAIN.

SURA ALNAJJAR

6 (Poster) RECURRENT VASOVAGAL EPISODES: A RARE PRESENTATION OF A LARGE PROLAPSED LEIOMYOMA

Alice O'Neill

7 (Poster) VENOUS THROMBOEMBOLISM PROPHYLAXIS RE-AUDIT: ASSESSING THE IMPACT OF CHANGE

Alice O'Neill

8 (Poster) COVID 19 VACCINE IN PREGNANCY: VACCINE HESITANCY AMONG OBSTETRICIANS AND MIDWIVES

Alice O'Neill

9 (Oral) LONG-TERM OUTCOMES OF TENSION-FREE VAGINAL TAPES FOR STRESS URINARY INCONTINENCE

Alexandra McCreery

10 (Poster) MIDWIVES' PERSONAL AND PROFESSIONAL ATTITUDES TOWARDS WOMEN'S DELIVERY CHOICES, INTERVENTIONS AND NEONATAL CARE.

Ailbhe Duffy

11 (Poster) "CAN YOU SEE A HEARTBEAT, DOCTOR?". A RARE CASE OF UNEXPECTED CARDIAC ARREST DURING AN ELECTIVE CAESAREAN SECTION. A CASE REPORT.

Rachel O'Keefe

12 (Poster) EVALUATION OF THE OPINION OF WOMEN ON PRENATAL SCREENING TESTS FOR FETAL TRISOMY

Kristin Kelly

13 (Poster) COMPARISON OF PREGNANCY RISKS AMONGST DIFFERENT HEALTHCARE PROFESSIONALS

Oliver O'Brien

14 (Poster) Atypical findings from Non-Invasive Prenatal Testing

Brendan McDonnell

15 (Poster) LAPAROSCOPIC UTERINE NERVE ABLATION (LUNA) FOR CHRONIC PELVIC PAIN.

SURA ALNAJJAR

16 (Poster) PATIENT'S SATISFACTION IN COLPOSCOPY CLINIC DURING COVID-19 PANDEMIC

Irum Farooq

17 (Poster) A case report of intrauterine device embedment in the ovary

Lucy Bolger

18 (Poster) POLYPOIDAL CAVERNOUS HAEMANGIOMA OF THE ENDOMETRIUM - A CASE REPORT

Maeve White

19 (Poster) IMPLEMENTING TEACHING FOR MEDICAL STUDENTS ON THE CARE OF TRANSGENDER PATIENTS

Sadhbh Lee

20 (Poster) A BRUISE ALMIGHTY: SURGICAL INTERVENTION FOR A LARGE PAINFUL VULVAL HAEMATOMA SECONDARY TO TRAUMA

Amy Worrall

21 (Poster) AN AUDIT ON THE USE OF A SINGLE DOSE ANTIBIOTIC POST ASSISTED VAGINAL BIRTH

Lorna Tate

22 (Oral) AN AUDIT OF NEXT BIRTH AFTER CAESAREAN SECTION (NBAC) OBSTETRIC CARE

Grace Madigan

23 (Poster) OPPORTUNE EXCISION OF A BOTHERSOME FIBROEPITHELIAL POLYP DURING PERINEAL REPAIR AFTER A VAGINAL DELIVERY

Amy Worrall

24 (Poster) A CASE REPORT OF FALLOPIAN TUBE TORSION: A RARE CAUSE OF LOWER ABDOMINAL PAIN

Irum Saadat

25 (Oral) PATIENTS ATTITUDES TO BEDSIDE TEACHING DURING THE COVID-19 PANDEMIC.

Claire Mac Bride

26 (Poster) AN AUDIT OF THE ANTENATAL PRESCRIBING OF ASPIRIN AT THE NATIONAL MATERNITY HOSPITAL, DUBLIN.

ADAM LYNCH

27 (Poster) CLINICAL AUDIT: STANDARD OF DOCUMENTATION FOR CLEANING AND DECONTAMINATION OF TRANSVAGINAL ULTRASOUND IN GYNAECOLOGICAL WARD IN LETTERKENNY GENERAL HOSPITAL.

ASHRAF ATIA DWIDAR

28 (Poster) OBSTETRIC AND NEONATAL OUTCOMES OF WOMEN WITH PRE-EXISTING DIABETES (TYPE 1 AND TYPE 2 DIABETES)

Sofia Dragacevac

29 (Poster) LAPAROSCOPIC MANAGEMENT OF A LIFE-THREATENING HEMOPERITONEUM CAUSED BY A RUPTURED CORPUS LUTEAL CYST.

Mahwish Nayab,

30 (Poster) KILLIAN PALLISTER SYNDROME-A RARE GENETIC DISORDER- A CASE REPORT

Lavanya Shailendranath

31 (Poster) PREGNANCY OUTCOME IN PATIENT WITH FAMILIAL PARTIAL LIPODYSTROPHY AND INSULIN DEPENDANT DIABETES MELLITUS

Lavanya Shailendranath

32 (Poster) THE USE OF VEGF ON OVARIAN TISSUE IN VITRO TO ENHANCE THE VASCULARISATION OF CRYOPRESERVED OVARIAN TISSUE

Hayley Jackson

33 (Poster) A CASE OF CHRONIC HISTIOCYTIC INTERVILLOSITIS

Grace Madigan

34 (Oral) GYNAECOLOGICAL SURGICAL TRAINING IN IRELAND 2014-2021: LONGITUDINAL SURVEY

Daniel Galvin

35 (Poster) IMPACT OF THE COVID-19 PANDEMIC ON HIGHER SPECIALIST GYNAECOLOGY SURGICAL TRAINING: A NATIONAL SURVEY OF TRAINERS AND TRAINEES

Daniel Galvin

36 (Poster) A CASE REPORT OF UTERINE RUPTURE FOLLOWING SEQUENTIAL SURGICAL AND MEDICAL MANAGEMENT OF A MISCARRIAGE

Emily Rutherford

37 (Poster) THE PREVALENCE OF ANTENATAL URINARY RETENTION AND ITS LONG-TERM IMPACT ON THE PELVIC FLOOR

Bobby O'Leary

38 (Poster) A SERVICE EVALUATION OF OUR LADY OF LOURDES HOSPITAL'S EARLY PREGNANCY ASSESSMENT UNIT

Thomas Cronin

39 (Poster) Rectus Fascial Pubovaginal Sling – A Step by Step Video Tutorial

Doireann Roche

40 (Poster) IV DEXAMETHASONE AS AN EFFECTIVE STRATEGY TO PROLONG PREGNANCY IN A TRICKY CASE OF HELLP SYNDROME – A CASE REPORT

K Flynn

41 (Poster) BEREAVED PARENTS INVOLVEMENT IN MATERNITY HOSPITAL PERINATAL DEATH REVIEW PROCESSES: “NOBODY EVEN THOUGHT TO ASK US ANYTHING”

Aenne Helps

42 (Poster) NATIONAL PERINATAL MORTALITY AUDITS AND RESULTANT INITIATIVES IN FOUR COUNTRIES

Aenne Helps

43 (Poster) MAJOR POSTPARTUM HAEMORRHAGE: THE MANAGEMENT PATHWAY

Sie Ong Ting

44 (Poster) HETEROTOPIC PREGNANCY: A RARE YET LIFE THREATENING DIAGNOSIS

Sie Ong Ting

45 (Poster) NEW ONSET OF GUILLAIN-BARRE SYNDROME IN POSTPARTUM PERIOD FOLLOWING CAESAREAN SECTION UNDER SPINAL ANAESTHESIA

Sie Ong Ting

46 (Poster) IMPROVING LAPAROSCOPIC SKILLS USING LARA’S HOMEMADE PELVITRAINER DURING COVID 19 ERA; PILOT STUDY

ASHRAF ATIA DWIDAR

47 (Poster) MANAGEMENT OF PREGNANCY IN WOMEN WITH MOYAMOYA DISEASE: A CASE REPORT

KATIE FLYNN

48 (Poster) VAGAL NERVE STIMULATION FOR CONTROL OF REFRACTORY EPILEPSY IN PREGNANCY: A CASE REPORT AND LITERATURE REVIEW

K FLYNN

49 (Oral) VACCINE HESITANCY AMONG THE PREGNANT POPULATION: EXPLORING UNVACCINATED PREGNANT WOMENS ATTITUDES TOWARDS COVID-19 VACCINATION: Leahy, C, O’Shea, R, Imcha, M

Charlie Leahy

50 (Poster) An audit of the introduction of Propess pessary for induction of labour in an Irish hospital

Maeve White

51 (Poster) The HAF Study – Haemorrhoids and Anal Fissures in the Puerperium: Predictive Factors and Effective Treatments

Gillian Corbett

52 (Poster) CLINICAL AUDIT: OUTCOME OF VAGINAL BIRTH AFTER ONE CAESAREAN SECTION IN SLIGO UNIVERSITY HOSPITAL

ASHRAF ATIA DWIDAR

53 (Poster) An audit of antenatal anaemia in an Irish tertiary hospital

Maeve White

54 (Poster) PATIENT SATISFACTION AND COMPLICATION RATES IN AN OUTPATIENT HYSTEROSCOPY SERVICE

Clare Crowley

55 (Poster) TORSION OF OMENTAL DERMOID TERATOMA: A RARE CASE REPORT

Sie Ong Ting

56 (Poster) DEBRIEFING AFTER OBSTETRIC COMPLICATION: EMPOWERING WOMEN THROUGH EFFECTIVE COMMUNICATION. A CLINICAL AUDIT.

Aisling Redmond

57 (Poster) ACUTE SYMPTOMATIC HYPOCALCAEMIA DURING EMERGENCY CAESAREAN SECTION. A CASE REPORT.

Aisling Redmond

58 (Poster) VAGINAL BIRTH AFTER CAESAREAN SECTION (VBAC) - COMPREHENSIVE DOCUMENTATION FACILITATING VBAC IN SUBSEQUENT PREGNANCIES.

Aisling Redmond

59 (Poster) BACK TO BASICS: A COMPLEX CASE OF A MULTIPLE FIBROID UTERUS. A CASE REPORT

Rachel O'Keefe

60 (Poster) STRUMA OVARIUM (SO): TWO CONTRASTING CASES OF A RARE OVARIAN TERATOMA.

Aisling Redmond

61 (Poster) POST-PARTUM HAEMORRHAGE - IDENTIFIABLE RISK FACTORS IN A LARGE OBSTETRIC CENTRE IN IRELAND.

Aisling Redmond

62 (Poster) IGG4 RELATED DISEASE, MIMICKING CERVICAL MALIGNANCY. A CASE REPORT.

Aisling Redmond

63 (Poster) IGG4 RELATED DISEASE, MIMICKING CERVICAL MALIGNANCY. A CASE REPORT.

Aisling Redmond

64 (Poster) MANAGEMENT OF MAJOR POSTPARTUM HAEMORRHAGE: A RETROSPECTIVE REVIEW

Kate Sexton

65 (Poster) AN AUDIT TO ASSESS KEY QUALITY INDICATORS FOR ADVANCED OVARIAN CANCER SURGERY FROM THE EUROPEAN SOCIETY OF GYNAECOLOGICAL ONCOLOGY(ESGO) AT A TERTIARY GYNAECOLOGICAL ONCOLOGY REFERRAL CENTRE

Ruairí Floyd

66 (Poster) Twenty Years in Outcomes of Uterine Rupture

Aoife McEvoy

67 (Poster) AUDIT OF INFORMED CONSENT FOR ELECTIVE AND EMERGENCY CAESAREAN SECTION

Kate Sexton

68 (Poster) AN AUDIT OF THE IMPACT OF ROUTINE HEPATITIS C SCREENING IN PREGNANCY.

Róisín Gryson

69 (Poster) Risk Factors Associated with Obstetric Anal Spincter Injury

Cathy Rowland

70 (Poster) A REVIEW OF IRISH OBSTETRICS AND GYNAECOLOGY GUIDELINES: FOCUSING ON ACCEPTANCE, INTEREST, BARRIERS AND FACILITATORS AMONGST DOCTORS

Clare Crowley

71 (Poster) INDUCTION OF LABOUR: AN AUDIT OF INDUCTION PRACTICE AND OBSTETRIC OUTCOMES

Amy Worrall

72 (Poster) A RETROSPECTIVE STUDY OF VARIATION IN PRESCRIBING PRACTICES FOR THE PREVENTION OF POSTOPERATIVE PAIN, NAUSEA AND VOMITING AND CONSTIPATION IN PATIENTS UNDERGOING ELECTIVE HYSTERECTOMY AT ST JOHN OF GOD SUBIACO HOSPITAL

Sarah Kelly

73 (Poster) Results of the audit "Provision of venous thromboprophylaxis (VTP) in Pregnancy and the Puerperium," and associated challenges faced to implement quality action plan

Nusrat Batool Janjua

74 (Poster) TRENDS IN MALE INFERTILITY IN THE IRISH SUBFERTILE POPULATION FROM 1990-2020

Narayani Mukerji

75 (Poster) CESAREAN SCAR PREGNANCY LETTERKENY UNIVERSITY HOSPITAL (LUH) EXPERIENCE

ASHRAF ATIA DWIDAR

76 (Poster) FROM REFERRAL TO RECOVERY - A REVIEW OF THE MANAGEMENT OF POSTMENOPAUSAL BLEEDING IN PORTIUNCULA HOSPITAL

Madeleine Robinson

77 (Poster) DERANGED LIVER FUNCTIONS TESTS(LFTS) IN PREGNANCY
SHAZIA BABUR

78 (Poster) SUSPECTED SERTOLI-LEYDIG CELL TUMOUR – A CASE REPORT
David Synnott

79 (Poster) A case of ovarian torsion in a transgender male.
Jacqui Clifford

80 (Poster) PERINATAL SUBSTANCE ABUSE, FALLING THROUGH THE CRACKS?
Jill Mitchell

81 (Poster) Infected endometrioma with air locules following egg retrieval.
Eimear Mc Sharry

82 (Poster) GYNAECOLOGY CONSENT FORM COMPLETION - AN AUDIT
Elizabeth Tunney

83 (Poster) CERVICAL ECTOPIC PREGNANCY - A CASE REPORT.
Elizabeth Tunney

84 (Poster) EVALUATING THE EFFECTIVENESS OF A POSTMENOPAUSAL BLEEDING TRACK TO RULE OUT ENDOMETRIAL CANCER: A PROSPECTIVE AUDIT
Jerilyn Lee

85 (Poster) PATIENT SATISFACTION WITH HIGH-RISK ANTENATAL CARE SERVICES DURING THE COVID-19 PANDEMIC 2021
Elizabeth Tunney

86 (Poster) A CASE REPORT OF PRE-ECLAMPSIA WITH PLEURAL AND PERICARDIAL EFFUSION AND INCIDENTAL FINDING OF MULTIPLE VALVULAR HEART DISEASE
RAKSHA BEETHUE

87 (Poster) WHO IS ATTENDING OUR FERTILITY SERVICES?
C MacAuley

88 (Poster) A REVIEW OF FORMAL COMPLAINTS AND LEGAL CASES AGAINST THE OBSTETRIC SERVICE AT THE COOMBE WOMEN AND INFANTS UNIVERSITY HOSPITAL
C MacAuley

89 (Poster) THE INCIDENCE OF BREECH PRESENTATION AND PRACTISE AND UPTAKE OF OF EXTERNAL CEPHALIC VERSION IN TERTIARY CENTRE -AN AUDIT
Lavanya Shailendranath

90 (Poster) LAUNCH OF A DOCTOR-LED NURSE-RUN PESSARY CLINIC
Andrew Downey

91 (Poster) AUDIT ON DIAGNOSIS OF OBSTETRIC CHOLESTASIS IN OUR LADY OF LOURDES HOSPITAL.

V. Julius

92 (Poster) NON-INVASIVE PRENATAL TESTING (NIPT)- DO WE NEED A NATIONAL PROGRAMME?

Sarah Petch

93 (Oral) CORE OUTCOME SET FOR STUDIES ON PREGNANT INDIVIDUALS WITH VASA PREVIA (COVasP): DESIGN AND EXECUTION OF A DELPHI SURVEY

Tiffany Yeretsian

94 (Poster) CONGENITAL ANOMALIES AMONG VERY LOW BIRTH WEIGHT (VLBW) INFANTS IN IRELAND: MATERNAL, FETAL, AND CARE CHARACTERISTICS

Jane Peters

95 (Poster) PRAISE FOR POPPY - EVERY OBSTETRIC UNIT SHOULD HAVE A POSTNATAL MORBIDITY CLINIC.

Tess Higgins

96 (Poster) PANCREATIC CANCER DURING PREGNANCY – A CASE REPORT

Clodagh Staunton Curran

97 (Poster) AN AUDIT ON WOMEN WITH EPILEPSY AND THE NATIONAL EPILEPSY IN PREGNANCY GUIDELINE

K FLYNN

98 Poster AN AUDIT TO IMPROVE THE CARE PATHWAY FOR PREGNANT PATIENTS WITH CLASS III OBESITY

Ekemini Akpan

99 (Poster) Documentation and causal factors of perinatal deaths in Mayo University Hospital: A Perinatal audit

Cheryl Jia Min Chun

100 (Poster) Audit of Reassurance Scan service provision in EPU

Aoife Corcoran

101 (Poster) OBSTETRIC ANAL SPHINCTER INJURY; CURRENT PRACTICES IN MAYO UNIVERSITY HOSPITAL

Sara Mohan

102 (Poster) Patient Satisfaction and Acceptability of Manual Vacuum Aspiration

Aoife Corcoran

103 (Poster) Irelands First Manual Vacuum Aspiration Clinic in The Rotunda Hospital - A year in review

Aoife Corcoran

104 (Poster) NEED FOR INTRAPARTUM ANTIBIOTICS PROPHYLAXIS IN WOMEN WITH PRIOR HISTORY OF GBS CARRIAGE

Hibah Rashid

105 (Poster) XANTHOGRANULOMATOUS INFLAMMATION (XGI) IN THE LOWER SEGMENT OF UTERUS: CASE REPORT AND REVIEW OF LITERATURE

BEETHUE RAKSHA DEVI

106 (Poster) EUGLYCEMIC KETOACIDOSIS IN PREGNANCY. A CASE REPORT

Saboohi Tariq

107 (Poster) COVID-19 ASSOCIATED VIRAL MENINGOENCEPHALITIS IN PREGNANCY. A CASE REPORT

SABOOHI TARIQ

108 (Poster) A CLINICAL AND HISTOPATHOLOGICAL DIAGNOSIS DILEMMA FOR AN UNUSUAL RETROPERITONEAL PELVIC MASS IN A SYMPTOMATIC PATIENT

RAKSHA BEETHUE

109 (Poster) PREVENTING AND MANAGING MAJOR POSTPARTUM HAEMORRHAGE IN PORTIUNCULA HOSPITAL

Madeleine Robinson

110 (Poster) ACUTE GALLSTONE PANCREATITIS IN PREGNANCY: A CASE STUDY

Success Akindoyin

111 (Poster) Hysteroscopic resection of retained products of conception: a retrospective case series.

Clare Kennedy

112 (Poster) MANAGEMENT OF WOMEN WITH REDUCED FETAL MOVEMENTS

Bushra Aziz

113 (Poster) DISSEMINATED PERITONEAL LEIOMYOMATOSIS IN A PRIMIGRAVIDA AT CAESARIAN SECTION

C MacAuley

114 (Poster) THE BIRTH EXPERIENCE SURVEY TRACKING (BEST) PRACTICE STUDY: A QUALITY IMPROVEMENT INITIATIVE AT THE UNIVERSITY MATERNITY HOSPITAL LIMERICK

Kristyn Dunlop

115 (Oral) COVID-19 AND FERTILITY: THE TOLL ON MENTAL HEALTH

Laurentina Schaler

116 (Poster) COLPOCLYSIS : A CASE SERIES

Hifsa Sial

117 (Poster) AN AUDIT OF ADMINISTRATION OF SINGLE DOSE PROPHYLACTIC AUGMENTIN POST ASSISTED VAGINAL BIRTH IN UNIVERSITY HOSPITAL WATERFORD

Maura Hannon

118 (Poster) AN OBSERVATIONAL STUDY OF REFERRALS FOR THE ENDOMETRIOSIS CLINIC IN TUH

Mona Abdelrahman

119 (Poster) MALE FERTILITY PATIENTS ATTITUDES TO THE COVID-19 VACCINE

Laurentina Schaler

120 (Poster) A SPONTANEOUS HAEMOPERITONEUM AFTER NORMAL VAGINAL DELIVERY

Amy Worrall

121 (Poster) INITIAL MANAGEMENT OF SUBFERTILITY: AN AUDIT OF PRE-REFERRAL INVESTIGATIONS IN PRIMARY CARE

Maura Hannon

122 (Poster) OVARIAN ECTOPIC MOLAR PREGNACY : A VERY RARE ACCURANCE

Hifsa Sial

123 (Poster) BIRTH PREFERENCES AND DELIVERY OUTCOMES AFTER OBSTETRIC ANAL SPHINCTER INJURY

Alex Dakin

124 (Oral) ROBOTIC-ASSISTED BENIGN GYNAECOLOGICAL SURGERY - THE LIMERICK EXPERIENCE

Perna Kamath

125 (Poster) IMPROVING THE MANAGEMENT OF MAJOR OBSTETRIC HAEMORRHAGE

C Conaty

127 (Oral) PHYSICIAN AND PATIENT PERSPECTIVE TO WEIGHT GAIN IN PREGNANCY

Lorna Tate

128 (Poster) Audit on Decision to Delivery Interval in Emergency Cesarean Sections in Galway University Hospital

Nagwa Hassan

129 (Poster) THE ANTENATAL COUNSELLING OF NULLIPAROUS PATIENTS REQUESTING DELIVERY BY CAESAREAN SECTION WITHOUT A MEDICAL INDICATION: A SINGLE CENTRE AUDIT

Sarah L O'Riordan

130 (Poster) Management of term prelabour rupture of the membranes (PROM) in the maternity unit in Mayo University Hospital

Aleksandra Sobota

131 (Poster) CAESAREAN SECTION COMPLICATED BY LARGE UTERINE FIBROIDS: A CASE SERIES

Kate Sexton

132 (Poster) HYSTERECTOMY AT EMERGENCY PRE-TERM CAESAREAN SECTION FOR APH IN A PATIENT WITH PLACENTA ACCRETA

Parijot Kumar

133 (Poster) TURNING UP THE PRESSURE: A RARE CASE OF STEROID CELL TUMOUR PRESENTING AS RESISTANT HYPERTENSION IN EARLY PREGNANCY

Maura Hannon

134 (Poster) Hb-SD haemoglobinopathy in pregnancy- a rare but highly morbid condition.

Hifsa Sial

135 (Poster) HOW DO MEDICAL STUDENTS RATE THEIR LEARNING EXPERIENCE AT THE GYNAECOLOGICAL ONCOLOGY MULTIDISCIPLINARY TEAM MEETING? A COMPARISON OF ATTENDANCE IN-PERSON AND ONLINE DUE TO COVID-19 EXIGENCY.

Amina Javaid

136 (Poster) SPONTANEOUS FETAL BLADDER RUPTURE: A CASE-BASED APPROACH AND NARRATIVE REVIEW OF DEVICE CHOICE FOR INTRAUTERINE PLACEMENT

Alex Taylor

137 (Oral) LGBTQ+ in O&G in IRL

Fionán Donohoe

138 (Poster) "THE ROAD TO BST" : IMPROVING KNOWLEDGE REGARDING BST APPLICATIONS AMONG THIRD AND FINAL YEAR MEDICAL STUDENTS AT THE UNIVERSITY OF LIMERICK

Alex Taylor

139 (Poster) A RETROSPECTIVE REVIEW OF PATIENTS REFERRED TO THE DIABETIC ANTENATAL CLINIC – ULTRASOUND FINDINGS AND NEONATAL OUTCOMES

Alex Taylor

140 (Oral) ATTITUDES OF HEALTHCARE PROFESSIONALS TO DRAFT NATIONAL LEGISLATION ON ASSISTED HUMAN REPRODUCTION (AHR) IN IRELAND

Amy Giblin

141 (Poster) TWO CASES OF PRE TERM DELIVERY AS A RESULT OF COVID PLACENTITIS

Niamh Keating

142 (Poster) PAIN RESOLUTION AND FUNCTIONAL OUTCOMES OF TOTAL MESH EXCISION- A CASE SERIES

Breffini Anglim

143 (Poster) Post-partum seizure with hyponatraemia following oxytocin infusion; a case report

Lisa O'Sullivan

144 (Poster) A READUIT OF THE MANAGEMENT OF ANAL SPHINCTER INJURY.

Bernard Kennedy

145 (Poster) A Case of Complex Adnexal Mass in Pregnancy

Rebecca Hunter

146 (Poster) AN AUDIT OF POST-PARTUM BLADDER CARE AND SUBSEQUENT MANAGEMENT OF URINARY RETENTION

P. O'Dwyer

147 (Poster) PLASMA CELL VULVITIS, OR ZOON'S VULVITIS CASE REPORT

Reham Alkhalil

148 (Poster) Trends in Tramadol prescribing over a six month period in CUMH - exploring incidences

Marie Dromey

149 (Poster) A CENSUS OF OBS&GYNAE NCHDs WORKING IN IRELAND

Bernard Kennedy

150 (Poster) A CASE REPORT: POSTPARTUM HAEMORRHAGE IN THE SETTING OF AN UNDIAGNOSED MÜLLERIAN ANOMALY

Sarah L O'Riordan

151 (Poster) Smooth Muscle Tumours of Uncertain Malignant Potential (STUMP): A case report.

Oladayo Oduola

152 (Poster) PREGNANCY OUTCOMES FOLLOWING RECURRENT FIRST TRIMESTER MISCARRIAGE: A RETROSPECTIVE COHORT STUDY

Laura Linehan

153 (Poster) A RETROSPECTIVE RE-AUDIT REVIEWING THE CANCER REFERRAL AND DIAGNOSTIC PATHWAY FOR PATIENTS WITH ENDOMETRIAL CANCER IN MAYO UNIVERSITY HOSPITAL (MUH)

Jerilyn Lee

154 (Poster) Double-vacuum technique for safe vaginal delivery of persistent brow presentation

Ciara Nolan

155 (Poster) VULVAL MELANOMA CASE REPORT

Reham Alkhalil

156 (Poster) MANAGEMENT OF HYPERTENSION IN PREGNANCY: ARE WOMEN WITH PREEXISTING HYPERTENSION RECEIVING PRECONCEPTUAL COUNSELLING ?

Modupeoluwa Iroju-Williams

157 (Poster) DISCHARGE TO GP? A QUALITY IMPROVEMENT PROJECT TO IMPROVE POST-NATAL FOLLOW UP IN WOMEN WITH ADVERSE PERINATAL OUTCOMES.

Lorna Ann Smith

158 (Poster) MANAGEMENT OF HYPERTENSION IN PREGNANCY: COMPARING ETHNIC DIFFERENCES

Modupeoluwa Ayomikun Iroju-Williams

159 (Oral) COMPLIANCE WITH ASPIRIN PRESCRIBING GUIDELINES FOR THE PREVENTION OF PRE-ECLAMPSIA

Sahr Yambasu

160 (Poster) INTERESTING CASE OF COMPLETE MANDIBLE IN RIGHT OVARIAN DERMOID CYST IN YOUNG LADY

Amina Javaid

161 (Oral) THE EMERGENCY PELVIC ULTRASOUND SCAN AT A LARGE ACUTE GENERAL HOSPITAL: HOW USEFUL IS IT?

Deirdre Arthur

162 (Poster) REVIEW OF OUTPATIENT HYSTEROSCOPY OUTCOMES IN LIMERICK UNIVERSITY HOSPITAL

Sowmya Mayigaiah

163 (Poster) PERIVASCULAR EPITHELIOID CELL NEOPLASM (PECOMA) OF THE CERVIX- A CASE REPORT

Ciara McArdle

164 (Poster) AN AUDIT OF APPROPRIATE ANTIMICROBIAL PRESCRIBING AND DE-ESCALATION FOR PYREXIA IN LABOUR AT A LARGE TERTIARY MATERNITY HOSPITAL

Barbara Burke

165 (Poster) CASE REPORT: THE EVOLUTION OF PLACENTA ACCRETA SYNDROME IN IMAGES- FROM ASHERMAN'S TO PERCRETA

Lorna Ann Smith

166 (Poster) Fetal Surveillance after Covid-19 in Pregnancy – is Growth Restriction a Feature?

Gillian Corbett

167 (Poster) ASISSTED REPRODUCTION:A LUXURY FOR THE "RICH" AND A DEBT WEIGHT FOR THE POOR

Sorca O Brien

168 (Poster) CERVICAL CANCER (UNUSUAL PRESENTATION)

NAGWA HASSAN

169 (Poster) ANALYSIS OF MAJOR OBSTETRIC HAEMORRHAGE (MOH) USING THE ROBSON 10 GROUP CLASSIFICATION SYSTEM

Susan Clinton

170 (Poster) Outcomes of Non-Invasive Fetal RHD Screening and Targeted Routine Antenatal Anti-D Prophylaxis Program in a Tertiary Maternity Hospital

S. Kennedy

171 (Poster) CASE STUDY: THORACIC ENDOMETRIOSIS

Jessica Pietrzyk

172 (Poster) Review of postnatal presentations and admissions at a tertiary care unit.

David Ayodele Aina

173 (Poster) "MEDICAL STUDENTS' SATISFACTION WITH BLENDED WAY OF CLINICAL EDUCATION AT CORK UNIVERSITY MATERNITY HOSPITAL, DURING PANDEMIC".

Naureen Yasir

174 (Poster) EXPERIENCES OF BREASTFEEDING DOCTORS IN IRELAND

Maeve Montague

175 (Poster) Correlation between Incisional Length and Post Operative pain with Caesarean Delivery.

Jacqui Clifford

176 (Poster) A qualitative exploration of the lived experience of providing expanded abortion care in the Republic of Ireland.

B Dempsey

177 (Poster) FETOSCOPIC ENDOSCOPIC TRACHEAL OCCLUSION - THE BELGIAN CONNECTION

Ciaran David McKeown

178 (Oral) Adolescent attendances to the Rotunda Sexual Assault Treatment Unit

Daniel Kane,

179 (Poster) Attendances to the National Sexual Assault Treatment Unit network during COVID-19

Daniel Kane

180 (Poster) A DESCRIPTIVE STUDY: VITAMIN D LEVELS IN WOMEN WITH GESTATIONAL DIABETES MELLITUS

Nur Alia Nabihah Adnan

181 Oral BI-ALLELIC LOSS OF MSH2 IN ENDOMETRIAL CARCINOMA. A CASE REPORT.

Aisling Redmond

182 (Poster) "DON'T IGNORE MY ITCH DOCTOR !! A CASE REPORT ON RARE VULVAL CHONDROID SYRINGOMA "

Naureen Yasir

183 (Poster) BLOOD PRODUCT UTILISATION PRACTICES FOR TOTAL LAPAROSCOPIC HYSTERECTOMY IN A MAJOR GYNAECOLOGY ONCOLOGY TERTIARY CARE CENTRE

Jane Tully

184 (Poster) NEW ADVANCES IN CYSTIC FIBROSIS PATIENT CARE – OUTCOMES IN PREGNANCY OF WOMEN ON CFTR MODULATORS

S. Kennedy

185 (Poster) Idiopathic Ascites Following Caesarean Section: A Case Report

Jessica Tate

186 (Poster) PERIURETHRAL BULKING AGENT FOR THE TREATMENT OF STRESS INCONTINENCE IN WOMEN

Fatimah Alshiokh

187 (Poster) Are our babies getting bigger? A Retrospective Twenty Year Review in a Tertiary Hospital. D. Cotter, M O' Brien and J.M. Walsh National Maternity Hospital, Dublin 2.

Danielle Cotter

188 (Poster) AN UNUSUAL PRESENTATION OF BLADDER INJURY POST CESAREAN SECTION

Joan Lennon

189 (Poster) REVIEW OF VAGINAL VAULT DEHISCENCE CASE PRESENTATIONS IN TALLAGHT UNIVERSITY HOSPITAL, DUBLIN

Jayavani Penchala

190 (Oral) Surgical Training in Obstetrics and Gynaecology – the trainee Perspective

Karen Mulligan

191 (Poster) OBESITY AND POSTPARTUM DEPRESSION RISK

Corina Oprescu

192 (Poster) BENIGN FIBROADENOMA OF MAMMARY-LIKE ANOGENITAL GLAND ORIGIN; AN UNUSUAL VULVAL LESION

Barbara Burke

193 (Poster) Perineal Infection Rates Pre- and Post- Introduction of Routine Antibiotic Prophylaxis at Operative Vaginal Delivery

Maggie OBrien

194 (Poster) A retrospective cohort study of women under 50 with menorrhagia requiring surgical intervention in Rotunda Hospital 2020.

Alana Daly

195 (Poster) MENSTRUAL PATTERNS AMONG SECONDARY SCHOOL ADOLESCENTS IN KHARTOUM, SUDAN FROM DECEMBER 2020 TILL JUNE 2021. O. Mohammed, E. M. Nuraldeen. Sudan Medical Specialisation Board, Khartoum, Sudan

Ola Mohammed Bashir Mohammed

196 (Poster) WHEN SERUM HCG REACTIVITY POSE A DIFFICULTY IN DIAGNOSIS : A CASE REPORT

Mai Khanh Kieu Xuan

197 (Poster) Neutrophil to Lymphocyte ratio (NLR) and pregnancy outcome in women with idiopathic recurring pregnancy loss.

Susan McClintock

A RISK CALCULATOR FOR POST-OPERATIVE URINARY RETENTION (POUR) FOLLOWING PELVIC FLOOR SURGERY

Breffini Anglim¹, George Tomlinson², Colleen McDermott¹

¹Division of Female Pelvic Medicine and Reconstructive Surgery, Department of Obstetrics and Gynecology, Mount Sinai Hospital, University of Toronto., Toronto, Canada. ²Department of Medicine, University Health Network and Mt Sinai Hospital; Institute of Health Policy, Management and Evaluation, University of Toronto, Toronto, Canada

Abstract

Post-operative urinary retention (POUR) is common following pelvic floor surgery. The aim of this study was to determine the peri-operative characteristics that put patients at a greater risk for POUR.

This was a retrospective cohort study of 700 patients undergoing vaginal pelvic floor surgery from January 2015 to February 2020. Eighteen variables (24 parameters) were compared between those with and without POUR and included as potential predictors in statistical models to predict POUR. The final model was chosen as the one with the largest c-statistic from internal cross-validation. This was then externally validated using a separate data set (n=94) from another surgical centre.

Among the 700 women undergoing surgery, 301 (43%) experienced POUR. Pre-operative variables that were significantly related to POUR included age, menopausal status, prolapse stage, and uroflow parameters. Significant peri-operative factors included estimated blood loss, amount of intravenous fluid, operative time, length of stay, and procedure type. The lasso logistic regression model had the best combination of internally validated c-statistic (0.72), most accurate calibration curve, and exhibited similar discrimination in the external validation set (c-statistic=0.74). Using this data, a POUR risk calculator was developed. (<https://tomlinson-bru.shinyapps.io/POUR/>).

This POUR risk calculator will allow physicians to counsel patients pre-operatively on their risk of developing POUR after pelvic floor surgery and help them focus their discussion around management options.

AN INVESTIGATION INTO FERTILITY AWARENESS AMONGST THE CHILD-BEARING POPULATION IN IRELAND

Jenny Stokes¹, Aoife Kate Booth¹, Sarah Meaney², Moya McMenamin¹, Minna Geisler¹

¹Cork University Maternity Hospital, Cork, Ireland. ²National Perinatal Epidemiology Centre, Cork University Maternity Hospital, Cork, Ireland

Abstract

Background:

International research suggests fertility knowledge amongst laypeople is poor with over-estimation of ability to conceive. A shift towards delayed age of first pregnancy has occurred, leading to an increased need for Assisted Reproductive Techniques (ART).

Purpose of study:

The aim was to identify knowledge and attitudes towards fertility amongst the general child-bearing population.

Methods:

This was a cross-sectional study. An online self-report survey, The Fertility Awareness Survey, was disseminated to males and females of child-bearing age. Participants were recruited in an outpatient setting at a tertiary maternity hospital and via the affiliated University student database. Descriptive and inferential statistics were carried out in SPSS V26.0

Findings of the study:

Of 480 respondents, 70.6% (n=339) were female and 29.3% (n=141) were male. Ages ranged from 20-51 years (female) and from 21-72 years (male). The majority of people report that lifestyle factors influence fertility. Over 95% believe smoking (n=468) and alcohol (n=454) negatively impact ability to conceive. The majority of participants feel IVF is between 30 and 60% effective (n=360, 75%), with no significant gender differences. Forty-eight percent (n=228) correctly believe assistance should be sought after one year for individuals below 35 years. Gender played a significant role in beliefs regarding IVF costs, the impact of age on fertility and the success of egg freezing.

Conclusions:

By obtaining a better understanding of knowledge and attitudes towards delayed reproduction and ART, fertility care can be improved. Understanding where individuals sit with their knowledge allows dissemination of accurate information to empower informed decision-making.

AN AUDIT OF EXTERNAL CEPHALIC VERSION (ECV) AND SERVICE EVALUATION AT A TERTIARY HOSPITAL.

SURA ALNAJJAR, Gunther Von Bunau

COOMBE WOMEN AND INFANT UNIVERSITY HOSPITAL, DUBLIN, Ireland

Abstract

Abstract:

Introduction: *Breech presentation is one of the most common malpresentation encountered at term complicating 3-4% of pregnancies. External cephalic version (ECV) is recommended by the Royal College of Obstetrics and Gynaecology (RCOG) as a safe, effective method of reducing caesarean section with a success rate of 50%.*

Aim: *To perform an audit of our ECV services to determine the success rate and the percentage of women with successful ECV who achieved vaginal birth and to determine the outcome and complications of ECV in order to ensure the best practice is being followed and recommend improvement if necessary.*

Method: *This was a retrospective audit of all external cephalic version (ECV) procedures performed at Coombe Women & Infant University Hospital (CWIUH) from January/2020 till December/2020. In total 72 women attend CWIUH for ECV with diagnosis breech previously, two patients excluded as turned spontaneously to cephalic.*

Results: *In total of 70 women underwent an ECV, The success rate of ECV was 52.9%. In women with successful ECV, the rate of vaginal delivery was 86.5% and the rate of caesarean section was 13.5% while women with unsuccessful ECV, 90.9% had caesarean delivery. The overall local success rate seems to be strongly related to parity of women undergoing ECV (70.2%) for multiparous women and (33.3%) for nulliparous women*

Conclusion: *ECV is an essential skill and safe procedure. Counseling about options for breech should be positive about ECV to improve uptake with a high chance of vaginal delivery and ECV has a low complication rate.*

KNOWLEDGE AND AWARENESS OF LIFESTYLE AND DEMOGRAPHIC FACTORS ON FERTILITY: A COMPARISON OF STUDENTS AND OUTPATIENT ATTENDEES

A Booth¹, J Stokes², S Meaney³, S Leitao³, M Geisler⁴, M McMEnamin⁴

¹Medical Student, University College Cork, Cork, Ireland. ²Registrar in Obstetrics and Gynaecology, Cork University Maternity Hospital, Cork, Ireland. ³Statistician, National Perinatal Epidemiology Centre, Cork University Maternity Hospital, Cork, Ireland. ⁴Consultant in Obstetrics and Gynaecology, Cork University Maternity Hospital, Cork, Ireland

Abstract

International research suggests individuals of reproductive age have inadequate awareness of fertility and infertility risk factors. This can lead to consequences of delayed childbearing and a subsequent rise in the need for Assisted Reproductive Techniques (ART).

The aim of this study is to assess and compare the knowledge and understanding of fertility and ART between individuals attending outpatients at a tertiary maternity unit and a university student population.

This was a quantitative cross-sectional study. An online validated questionnaire, The Fertility Awareness Survey, was distributed by email. Participants were recruited in the outpatient setting of a tertiary maternity hospital and via the affiliated University student database. Descriptive and inferential statistics were completed on SPSS V26.

Of the 480 respondents, 37% (n=178) were clinic attendees and 63% (n=302) were students. Overall, there was strong knowledge of lifestyle factors and their impact on fertility. Over 95% correctly believe smoking (n= 468, 97.5%) and alcohol (n= 454, 94.5%) negatively impact ability to conceive. The student population revealed more gaps in knowledge, notably regarding perception of fertility, ART and associated success rates. Fifty-three percent (n=95) of clinic attenders correctly believe assistance should be sought after one year for individuals below 35 years compared to only 44% of students (n=133).

While it is reassuring that many people have a significant level of knowledge, there are still evident gaps and areas to be addressed. Identifying these areas provides a foundation to build on in tackling lack of knowledge amongst students and their potential fertility journey.

LAPAROSCOPIC UTERINE NERVE ABLATION (LUNA) FOR CHRONIC PELVIC PAIN.

SURA ALNAJJAR¹, HOSAM El-Kininy²

¹*Coombe Women & Infant University Hospital,, DUBLIN, Ireland.* ²*Midland Regional Hospital*

Portlaoise, Portlaoise, Ireland

Abstract

Introduction:Chronic pelvic pain is commonly described as pain felt below the umbilicus which lasts for at least 6 months. Due to the clinical and economic advantages of laparoscopy uterine nerve ablation (LUNA), it is important to ensure that patients have a positive experience and are satisfied with this procedure

Method The retrospective audit was carried out on a total 13 women who had LUNA in Midland Regional Hospital Portlaoise from Jan 2019 till Feb 2020 and results were analyzed by one researcher and supervised by the consultant.

Laparoscopic uterine nerve ablation (LUNA) for chronic pelvic pain published by the National Institute for Health & Care Excellence NICE, was the standard used for comparison

Results:The study reported that 85% of women treated with LUNA had relief of dysmenorrhea. Postoperative excellent improvement was reported by 8/9 (88.8%) of women with primary dysmenorrhea and 9/13 (69%) of women with secondary dysmenorrhea at 6 months and 11/13 (84.6%) at 12 months.Excellent improvement in women with dyspareunia was reported in 10/11 (90.9%) after 12 months follow up.

Excellent feeling regarding chronic pelvic pain was reported in 69% at 6 months and excellent feeling in 77% at 12 months follow up.Cure rate at 6 months 9/13 (69%) and at 12 months was 10/13 (77%).

ConclusionsLUNA is safe and no major safety concerns associated with laparoscopic uterine nerve ablation surgery.Our successful rate for pain relief were in lines with the NICE guideline standard with good results in pain relief in cases with endometriosis and dyspareunia.

RECURRENT VASOVAGAL EPISODES: A RARE PRESENTATION OF A LARGE PROLAPSED LEIOMYOMA

Alice O'Neill¹, Sarah O'Riordan¹, Conrado Cusnaider^{1,2}

¹St Lukes Hospital, Kilkenny, Ireland. ²Royal College Of Physicians, Dublin, Ireland

Abstract

Leiomyomas are the most common pelvic tumour affecting women. Prolapsed leiomyomas are described as an uncommon entity in the literature, however specific considerations and priority must be placed on these patients for prompt surgical management due to higher risk of necrosis, increased potential for sepsis and risk of uterine inversion.

We present an unusual case of vasovagal symptoms secondary to a leiomyoma which has prolapsed through the external cervical os. A 45-year-old woman was referred urgently to Gynaecology with menorrhagia, dysmenorrhoea and pre-syncope associated with straining, micturition, defecation and strenuous activity. Bloods and cardiology investigations were normal. Speculum examination revealed a protruding mass through the external cervical os. Abdominal ultrasound described a large homogenous pedunculated mass extending from the fundus of the uterus through the cervix. Hysteroscopy revealed a benign appearing endometrial cavity and a broad 4cm base of the pedunculated mass. Despite a trial of vaginal removal by torsion manoeuvres, this was deemed not possible due to the wide base of the mass and associated bradycardia and hypotension during hysteroscopy. The surgeon converted to abdominal hysterectomy and bilateral salpingectomy with conservation of the ovaries. Histology of the hysterectomy specimen confirmed a benign leiomyoma.

Vasovagal reactions secondary to leiomyomas protruding through the external cervical os have not been described in the literature. This case outlines the surgical and anaesthetic complexities of such a case.

In conclusion, leiomyomas present with varying complexity and care must be taken to ensure an individualized approach depending on clinical presentation, examination, and pathological findings.

VENOUS THROMBOEMBOLISM PROPHYLAXIS RE-AUDIT: ASSESSING THE IMPACT OF CHANGE

Alice O'Neill¹, Sarah O'Riordan¹, Veni Yuddandi^{1,2}

¹St Lukes Hospital, Kilkenny, Ireland. ²Royal College of Physicians Ireland, Dublin, Ireland

Abstract

Venous thromboembolism (VTE) remains the leading cause of direct maternal death. The 2018 MBRRACE report outlines the importance of using simple VTE risk assessment tools and the need for risk assessments at booking visit, every antenatal admission, intrapartum and postpartum. In 2020, a new VTE risk assessment form and updated local guidelines were introduced to our Maternity Unit.

The aim of this audit was to assess adherence to this new VTE prophylaxis form and highlight areas for further education to maximise VTE prophylaxis compliance in our Maternity Unit.

A retrospective audit was conducted on all deliveries between August 31st 2021 and September 6th 2021 in our centre. Data of 104 deliveries were collected using chart records. The adequacy of thromboprophylaxis was assessed by comparing hospital practice to local guidance. This data was then compared to an audit conducted in 2020.

The new VTE risk assessment form was used in 71% (74/104) of booking visits, 0% (0/37) of antenatal admissions and 0% (0/104) postnatally. 100% (37/104) of deliveries by caesarean section were prescribed the appropriate dose of prophylactic tinzaparin as per new local guidelines.

All women are now prescribed VTE prophylaxis post caesarean section in our unit. However, this audit outlined that the new form is not being utilised adequately. This audit underlines the need for further education and awareness of the new VTE prophylaxis proforma to ensure that risk assessment is completed at every booking visit, antenatal admission, intrapartum and postnatally in all women, regardless of their mode of delivery.

COVID 19 VACCINE IN PREGNANCY: VACCINE HESITANCY AMONG OBSTETRICIANS AND MIDWIVES

Alice O'Neill¹, Sarah O'Riordan¹, Veni Yuddandi^{1,2}

¹St Lukes Hospital, Kilkenny, Ireland. ²Royal College of Physicians Ireland, Dublin, Ireland

Abstract

On the 16th of April 2021, the Joint Committee on Vaccination and Immunisation advised all pregnant women should be offered the COVID-19 vaccine. Despite this guidance, we recognised hesitancy among obstetric staff relating to the COVID 19 vaccine in pregnancy.

Our study aimed to identify vaccine hesitancy among obstetricians and midwives as a step to launch education sessions in an effort to better inform staff when providing guidance about the COVID 19 vaccine in pregnancy.

Though online data collection we distributed an eight question survey to the obstetric staff in our maternity unit. Subsequently, we implemented two weeks of educational sessions at biweekly MDT meetings, placed visual posters and information leaflets in the unit, alongside increased media coverage. We then resurveyed the same group to investigate whether opinions had changed.

Seventy-one percent (34/48) of respondents in Survey 1 stated they would recommend the COVID 19 vaccine to pregnant women in their role, with 27% (13/48) responding that they were unsure. In Survey 2, 91% (39/43) responded that they would recommend the vaccine in pregnancy, with 9% (4/43) responding that they were unsure. The main reason for vaccine hesitancy in Survey 1 being “concern about the long-term effects of vaccine” 86% (12/14) versus 60% (3/5) in Survey 2.

As midwives and obstetricians are often the first point of contact for women seeking information and guidance regarding COVID 19 vaccine in pregnancy, this study demonstrated the positive effect of interventional education sessions which we hope will help to better inform these interactions.

LONG-TERM OUTCOMES OF TENSION-FREE VAGINAL TAPES FOR STRESS URINARY INCONTINENCE

Bobby O'Leary, Alexandra McCreery, Aisling Redmond, Declan Keane

National Maternity Hospital, Dublin, Ireland

Abstract

The aim of this longitudinal study was to assess cure rates, long-term complications, and patient satisfaction with the retropubic tension-free vaginal tape (TVT) in the treatment of stress urinary incontinence.

Women who underwent a TVT procedure between 1999 and 2004 were identified. The International Consultation on Incontinence Questionnaire was sent to all women.

From 1999 to 2004, 398 women were identified as undergoing a TVT procedure. Of these, 48 were reported as deceased. Completed questionnaires were returned by 196 women, giving a response rate of 56.0% (196/350). One-third of women denied any leakage with physical activity, and another third described this as only "occasional". Persistent symptoms of voiding dysfunction such as straining or delay prior to micturition were reported by less than 5% of women. Some degree of urinary urgency was reported by 80.6% (158/196) of women, though only 5.6% (11/196) described this as occurring "all of the time".

When asked if they would have their procedure again, 86.7% (170/196) of women answered "yes". The median overall satisfaction with the procedure—when assessed using a visual analogue scale from 0-100—was 98 (0-100).

The TVT has high levels of satisfaction and cure 15-20 years after initial placement. Symptoms of SUI remain low, with minimal voiding dysfunction. Levels of urgency are high, though may be due to advancing age rather than the procedure itself. Given these results, the TVT should be continued to be considered for the treatment of stress urinary incontinence following adequate patient counselling.

MIDWIVES' PERSONAL AND PROFESSIONAL ATTITUDES TOWARDS WOMEN'S DELIVERY CHOICES, INTERVENTIONS AND NEONATAL CARE.

Ailbhe Duffy, Chlose Macauley, Steve Lindow

Coombe Women and Infants University Hospital, Dublin, Ireland

Abstract

Caesarean section rates in middle- and high-income countries are rising partly due to maternal request. This study aimed to explore the personal and professional attitudes of midwives and nurses towards women's delivery choices, interventions and neonatal care. Midwifery and nursing staff at the Coombe hospital were asked to complete a questionnaire concerning decisions for elective caesarean section (ELCS) and neonatal care. The questionnaire was validated and piloted using focus groups and prepared using "Google Forms". Data was downloaded to excel and analysed using SPSS. There were 101 responses including 96 midwives. The midwives' responses were divided into multiparous and nulliparous and analysed. The data revealed that the multiparae and nulliparae did not differ on their personal preferences for their own baby. Only 3% wanted an ELCS in a normal, healthy pregnancy but this increased to 80.2% when there was a breech presentation and 5% if the estimated fetal weight was >4.5kg. These numbers and trends were very close to the midwives' professional recommendations under the same circumstances. The lower threshold for full resuscitation and ICU care was at 23 and 24 weeks gestation for both personal and professional recommendations. In the case of severely premature babies or babies with a poor prognosis, 54% stated that the approach to neonatal care was correct. Overall, midwives' professional views reflected what they would want for themselves and their babies. Only 3% recommended an ELCS in a normal, healthy pregnancy making it unlikely that midwives' attitudes are driving the rise in CS rates.

“CAN YOU SEE A HEARTBEAT, DOCTOR?”. A RARE CASE OF UNEXPECTED CARDIAC ARREST DURING AN ELECTIVE CAESAREAN SECTION. A CASE REPORT.

Rachel O’Keeffe, Asish Das

Wexford General Hospital, Wexford, Ireland

Abstract

Spinal anaesthesia is regularly performed by anaesthetists. It has become an integral part of obstetric procedures, particularly caesarean sections. Various complications of spinal anaesthesia have been described including hypotension, nausea and vomiting. However, cardiac arrests during this procedure and in pregnancy is uncommon. It has a reported incidence of 1:20,000 pregnancies. Almost 25% of arrests in pregnancy were found to be due to an anaesthetic cause. We report a rare case of unexpected cardiac arrest in an elective c-section in a young, healthy woman.

A 38-year-old, P1+1, was admitted for elective c-section at 38+4weeks gestation. The indication was for one previous emergency c-section. Medical history included hypothyroidism. Antenatal visits were unremarkable.

Preoperative checks including vital signs were normal. Spinal anesthesia was given. During skin incision patient developed brady-asystole with loss of consciousness. Cardiac arrest was called. CPR was commenced immediately. After one minute of CPR there was ROSC. Category 1 emergency c-section was called and liveborn infant was delivered within one minute.

The patient was monitored for 24hours in CCU. Echocardiogram and chest x-ray were normal. She required no further medical/cardiology follow up. The infant was monitored in SCBU for 24hours given the events at delivery but was returned to the mother with no complications. The patient recovered well postoperatively. She was debriefed and is currently being followed up in the outpatient clinic.

Cardiac arrest during pregnancy is a rare and life-threatening event. Early recognition and immediate response are crucial for maternal health and safe delivery of an infant.

EVALUATION OF THE OPINION OF WOMEN ON PRENATAL SCREENING TESTS FOR FETAL TRISOMY

Kristin Kelly¹, Sara Leitao^{1,2}, Sarah Meaney^{1,2}, Keelin O'Donoghue^{1,3}

¹Pregnancy Loss Research Group, Cork, Ireland. ²National Perinatal Epidemiology Centre (NPEC), Cork, Ireland. ³The Irish Centre for Maternal and Child Health Research (INFANT), Cork, Ireland

Abstract

Ireland does not currently have a national prenatal screening programme, unlike other high-income countries.

This study aimed to analyse women's opinions on availability, cost, and knowledge of prenatal screening tests for fetal anomaly.

An anonymous, 33-item questionnaire on knowledge of non-invasive prenatal screening tests (NIPST) and Down Syndrome (DS) was distributed to women attending antenatal clinics in September 2020 at a large tertiary-referral maternity hospital. Descriptive and chi-square analysis was completed using SPSS.

Of the 332 participating women, 62% (200/321) understood the scope and limitations of NIPST. While 74% (242/329) knew increased maternal age was a risk factor for DS, only 38% (125/329) were able to select any other risk factor. Only 26% (83/319) of women heard of NIPST. Participant's age, education level, clinic and clinician type were associated to awareness on NIPST (p-value ≤ 0.001). The most common reasons to accept prenatal screening tests were to 'check the baby's health' and 'prepare for a child with DS'. Over 91% (303/331) of participants said all women should be offered prenatal screening tests.

While women have a good overall understanding of NIPTS interpretation, most were unaware of different screening options. A national screening programme for all expectant mothers should be established.

COMPARISON OF PREGNANCY RISKS AMONGST DIFFERENT HEALTHCARE PROFESSIONALS

Oliver O'Brien, Ciara Reynolds, Eimer O'Malley, Emma Tuthill, Sharon Sheehan, Michael Turner

Coombe Women and Infants University Hospital, Dublin, Ireland

Abstract

The last generation has seen major demographic changes in the medical profession in Ireland. About half of graduates are female, many are graduate entrants and for career reasons many are deferring motherhood.

The purpose of this observational study was to compare pregnancy risks in doctors with other healthcare professionals who delivered in a large Irish maternity unit.

The study included all women who delivered a baby >499g from 2008-17. Clinical and sociodemographic data was computerised as part of the hospital records at the first antenatal visit and updated post-delivery. Maternal occupation was self-reported.

Of the 66,828 women, 563 (0.8%) were medical doctors, 3,246 (4.8%) were nurses and 871 (1.3%) were other healthcare professionals (HCPs). Compared with nurses, doctors were more likely to be >30 years old and nulliparous and less likely to be obese. Doctors were less likely to have gestational diabetes than nurses (5.3% vs 12.5%, $p<0.001$) but not HCPs (3.9%). 71% of doctors took pre-pregnancy folic acid supplementation. Compared with HCPs, doctors were more likely to be obese. There were no differences between the three groups in mean birthweight, neonatal admissions, preterm delivery or emergency caesarean section rate. Doctors were more likely to exclusively breastfeed than nurses (58.0% vs 46.1%, $p<0.001$) but not HCPs (61.5%).

Despite studying obstetrics, doctors have high pregnancy risks such as advancing age and poor breastfeeding rates. With regard to pre-conception folic acid, obesity and breastfeeding, they compare positively to nurses but less favourably to other HCPs and there is significant potential for improvement.

Atypical findings from Non-Invasive Prenatal Testing

Brendan McDonnell^{1,2}, Karen Flood^{1,2}

¹Rotunda Hospital, Dublin, Ireland. ²Royal College of Surgeons in Ireland, Dublin, Ireland

Abstract

Background:

Atypical findings from non-invasive prenatal testing (NIPT) can increase anxiety for prospective parents. Obstetricians are often dealing with these time-sensitive results without Clinical Genetics input.

Case report:

A 42yr old primiparous woman with an IVF pregnancy underwent NIPT at 11 weeks gestation. Panorama™ test reported low fetal fraction of 2.7%. There were no first trimester ultrasound findings suggestive of aneuploidy. Redraw NIPT was performed and an atypical finding outside the scope of cell free fetal DNA testing was reported. Invasive testing was offered and after considering her options, the patient underwent amniocentesis at 19weeks gestation despite the absence of fetal anatomical concerns.

Partial trisomy 21 was identified on amniocentesis PCR however fetal karyotyping revealed a normal male fetal karyotype, 46 XY. Array CGH revealed a 4.64Mb copy number gain of uncertain clinical significance within the 21q21.1q21.2 region of the long arm of Chromosome 21 (arr[GRCh37] 21q21.1q21.2(19886439_24526668)x3). The patient considered termination of pregnancy, however she was strongly counselled to await parental genotyping.

Paternal genotyping revealed the father to be a phenotypically normal heterozygous carrier of the same copy number gain. A normal male 3.4kg infant was born at 38 weeks gestation.

Discussion:

Abnormal NIPT results should always be confirmed by invasive testing. This case highlights the importance of obtaining a full genetic profile of a fetus before acting on results. Obstetricians are often interpreting complex prenatal genomic results in the absence of Clinical Genetics expertise. Ireland's shortfall in Clinical Genetics services impacts pregnant women acutely.

LAPAROSCOPIC UTERINE NERVE ABLATION (LUNA) FOR CHRONIC PELVIC PAIN.

SURA ALNAJJAR¹, Hosam Alkininy²

¹COOMBE WOMEN & INFANT UNIVERSITY HOSPITAL, DUBLIN, Ireland. ²midland regional hospital portlaoise, portlaoise, Ireland

Abstract

Introduction:Chronic pelvic pain is commonly described as pain felt below the umbilicus which lasts for at least 6 months. Laparoscopic uterine nerve ablation (LUNA) is an effective treatment however outcomes are not commonly reported.

As LUNA is an invasive procedure it is important to ensure that patients have a positive experience and are satisfied with the results. Thus this audit was performed to assess the procedure.

Method The retrospective audit was carried out on a total 13 women who had LUNA from Jan 2019 till Feb 2020 and entered into a database and results were analyzed by one researcher and supervised by the consultant.

Data were collected from 13 women (data from 10 patients collected from the file charts from medical record and 3 women contemporaneously) and analyzed by one researcher, supervised by the consultant.

LUNA was performed under general anaesthesia.

Clear identification of the Uterosacral ligaments was a prerequisite for treatment, and ablation of the ligament was carried out using bipolar electrodiathermy. After the ablation, most of the patients were followed up on at 6 months and 12 months

Results: The major benefit was seen in the first 6 months as 9/13 were cured and discharged by then and a further case in the second 6 month period. Dysmenorrhoea and dyspareunia was also effectively treated. Dyspareunia was cured in 9/10 and secondary dysmenorrhoea 11/13. There were no operative problems.

Conclusions LUNA proved to be safe and no major safety concerns were noted. The majority of patients were either cured or did not need treatment

PATIENT'S SATISFACTION IN COLPOSCOPY CLINIC DURING COVID-19 PANDEMIC

Irum Farooq, Elizabeth Tunney, Rosemary Harkin

Dundalk Colposcopy unit OLOL Hospital Drogheda, Dundalk, Ireland

Abstract

Aim-To probe patient satisfaction levels regarding the quality of care received during attendance at the colposcopy clinic in the Louth County Hospital during the Covid-19 pandemic.

Method-Patients attending the colposcopy were invited to complete a questionnaire survey. It comprised 16 questions and assessed patient satisfaction with overall care received and in around specific measures taken in response to the Covid-19 pandemic.

Results-A total 50 patients completed the survey. For 42% patients it was their first visit to colposcopy. The wait time to be seen in clinic was less than 30 min for 76% patients and less than 1hour for 96% of patients.28 patients received information leaflet before attending clinic – 62% of those attending for the first time and 69% of those having a LLETZ treatment.41patients had procedure in colposcopy. 26 patients had a biopsy performed, 13 had a LLETZ treatment and 2 had a cold coagulation treatment performed.19 patients received an information leaflet following the procedure (100% of those treated).100% of patients were satisfied with care received (90% very satisfied).With regard to Covid-19 safety measures 47 patients were very satisfied and 3 patients were only satisfied. 50 patients agreed with Covid-19 risk reducing protocol and measures.

Conclusion-90% of patients were very satisfied with the clinical care provided at the Colposcopy clinic in Dundalk and 100% agreed with the Covid-19 risk reducing protocols in place in the clinic. Patient satisfaction survey's encourages and focuses quality improvements in care that leads to a better patient point of care experience.

A case report of intrauterine device embedment in the ovary

Lucy Bolger, Mohamed Elshaikh, Andrew Downey, Zara Fonseca-Kelly

National Maternity Hospital, Dublin, Ireland

Abstract

Intrauterine devices (IUD) are widely used and highly effective methods of long acting reversible contraception. [1] While IUD related complications are uncommon, uterine perforation and migration into the abdominal cavity and surrounding viscera can occur.

This case describes a rare finding of IUD embedment in the ovary.

A 42 year old with a history of 4 caesarean sections presented to the gynaecology clinic with a missing IUD which had been in for 5 years. Abdominal X ray found it located to the right of the midline at the level of the inferior sacrum.

At diagnostic laparoscopy the IUD was found embedded in the right ovary. It was successfully removed and the patient had an uncomplicated postoperative course.

Uterine perforation during IUD insertion occurs in approximately 1-3 per 1000 insertions. [2] Where an IUD is found to be extrauterine the cause of migration is mostly uterine perforation. [2] When strings of an IUD cannot be visualised the patient should be advised to use alternative contraception while awaiting further investigations to locate the IUD. [1] It is recommended that displaced IUDs should always be removed as soon as possible due to the potential risk of damage to surrounding structures and adhesion formation but it can be argued that surgical intervention may not always be appropriate especially where a patient is asymptomatic and has significant comorbidities. [5] On review of the literature there are three other reported cases of IUD embedment in the ovary making it a very rare occurrence. [2][3][4]

POLYPOIDAL CAVERNOUS HAEMANGIOMA OF THE ENDOMETRIUM - A CASE REPORT

Maeve White, Niamh Fee, Asish Das

Wexford General Hospital, Wexford, Ireland

Abstract

Vascular malformations of the uterus are extremely rare, with less than fifty reports in the literature. They can be localized, as in this case, but are usually diffuse with transmural involvement of the uterine wall from endometrium to serosa. They may be acquired, thought to be associated with physical and hormonal changes, especially high oestrogen. They can be congenital and related to inherited conditions such as Klippel-Trenaunay syndrome, hereditary hemorrhagic telangiectasia, tuberous sclerosis, blue rubber bleb nevus syndrome, Maffucci syndrome, or Kasabach-Merritt syndrome. Presentation is wide ranging, from asymptomatic, to obstetric complications, infertility, abnormal uterine bleeding and anaemia.

A 53 year old woman presented with five month history of menorrhagia and symptomatic anaemia.

Hysteroscopy, dilatation and curettage (D&C) at initial presentation revealed benign histology. The patient represented with menorrhagia one year later, and hysteroscopy and D&C revealed an atrophic endometrium and endometrial polyp. Histology revealed a normal endometrium, with a single focus of dilated ectatic vessels of unknown significance. Hysteroscopy and Truclear polypectomy were performed, and histology revealed a polypoidal cavernous haemangioma of the endometrium.

-

Treatment

A Truclear polypectomy was performed and a Mirena coil was inserted. The patient had good resolution of her symptoms.

Polypoidal cavernous haemangioma of the endometrium is a rare condition but has been reported in the literature. Vascular malformations of the uterus can cause complications such as menorrhagia, dysfunctional uterine bleeding, infertility, and obstetric complications such as maternal or foetal death due to excessive bleeding. Treatment remains controversial, and ranges from local excision to hysterectomy.

IMPLEMENTING TEACHING FOR MEDICAL STUDENTS ON THE CARE OF TRANSGENDER PATIENTS

Sadhbh Lee^{1,2}, Oliver O'Brien², Mairead Kennelly^{1,2}, Michael Turner¹

¹University College Dublin, Dublin, Ireland. ²Coombe Women and Infants' University Hospital, Dublin, Ireland

Abstract

Background: LGBTQ+ patients face specific health issues, including specific obstetrics-gynaecology concerns. Transgender patients are increasingly being seen by gynaecology services in Ireland, and it is important that healthcare providers are confident in providing quality care to these patients. There is currently very little gynaecology teaching at an undergraduate or postgraduate teaching on this population.

Purpose: The aim of this study was to assess medical students' teaching on transgender health and their awareness of transgender health issues, including gynaecological aspects of care. We aimed to improve their awareness by delivering a one hour lecture on the care of transgender patients.

Methods: Ethics exemption was granted by UCD Ethics Office. A pre-lecture survey was made available on an online learning platform to UCD medical students on their obstetrics and gynaecology rotation. A one-hour lecture was delivered to medical students. A post-lecture survey was then made available. Results were analysed.

Results: Prior to the lecture, 47% of students reported receiving no teaching on this topic so far. 100% of students enjoyed the lecture. 73% reported a better understanding of what transgender means *after receiving the lecture*. 94% reported a better understanding of the gynaecological health issues faced by transgender patients. 84% of students wanted further teaching on the subject.

Conclusion: A one-hour lecture was effective at improving medical students' knowledge on the gynaecological care of transgender patients. Students are keen for further teaching on this topic, with suggestions from students of e-learning and patient-guided teaching.

A BRUISE ALMIGHTY: SURGICAL INTERVENTION FOR A LARGE PAINFUL VULVAL HAEMATOMA SECONDARY TO TRAUMA

Amy Worrall, Brendan McDonnell, Eve Gaughan, Michael P Geary

Rotunda Hospital, Dublin, Ireland

Abstract

An 18-year-old female presented to the emergency room in a tertiary maternity hospital with severe vulval pain and an inability to pass urine. Examination revealed a large swollen right vulval hematoma. Symptoms were present for three days following a push-bicycle, where the bicycle collided directly with her external genitalia. There was extreme pain associated with movement, micturition and defecation.

A retrospective case report of a large painful hematoma requiring intervention.

Consent was given by the patient for photographic imaging, and for publication for research and educational purposes.

Physical examination was notable for a grossly swollen vulva. The inferior portion of the swollen right vulvar tissue was grossly oedematous with an open abrasion actively bleeding. Examination under anaesthesia revealed a large labial wall defect on the inferior border of the swelling and no incision was necessary. A significant amount of organized hematoma was removed. The hematoma did not extend into the vaginal wall, and the cavity was extensively washed out and packed with a povidone-iodine wick. The patient recovered well post-operatively with no urinary complications and minimal analgesic requirements.

Vulval injuries of this nature are most often seen postnatally in women following childbirth, in particular following operative vaginal deliveries (e.g. ventouse and forceps deliveries). Other causes include trauma, forceful intercourse, sexual abuse, injection into genital vessels, and saddle injuries, as in this case relating to certain sporting activities (cycling, horse-riding etc.).

AN AUDIT ON THE USE OF A SINGLE DOSE ANTIBIOTIC POST ASSISTED VAGINAL BIRTH

Lorna Tate, Etop Akpan

Our Lady of Lourdes Hospital, Drogheda, Ireland

Abstract

Knight et al., 2019 showed that the use of a single dose of augmentin (1.2g IV) after an assisted vaginal birth can significantly reduce the risk of postpartum infection. In 2020 the RCOG updated the Green-top Guideline No. 26 to include this recommendation. Our Lady of Lourdes Hospital Drogheda also made this amendment to their guideline on Operative Vaginal Deliveries.

This audit aimed to assess whether NCHDs in Our Lady of Lourdes Hospital were adhering to the changes in the guideline over a 3 month period.

This was a retrospective audit. All women who had an assisted vaginal delivery between January 2021 and March 2021 were included in this study. Medical charts were reviewed to assess if antibiotics (single dose of augmentin 1.2g IV) had been prescribed after an assisted vaginal delivery. This included reviewing the midwifery note, the delivery note as well as the drug chart.

The results of the audit showed that only 13% of women in the three months received a single dose of augmentin after an assisted vaginal delivery.

In conclusion, the RCOG Green-top Guidelines recommendation that a single dose of augmentin is administered after an assisted vaginal delivery is not currently routine practice in Our Lady of Lourdes Hospital. This audit highlights the need for both midwifery staff and doctors to familiarise themselves with the change in recommendations and to work together to ensure all patients receive the required antibiotic after an assisted vaginal delivery. This audit can be reproduced in other units across Ireland.

AN AUDIT OF NEXT BIRTH AFTER CAESAREAN SECTION (NBAC) OBSTETRIC CARE

Grace Madigan, Sara El Nimr, Sam Coulter Smith, Etaoin Kent

The Rotunda Hospital, Dublin, Ireland

Abstract

Background:

The elective repeat Caesarean Section rate at The Rotunda Hospital is almost 70%, with a TOLAC rate of 30.5%.

Purpose:

This is a re-audit of a standardised care plan for patients with one previous Caesarean Section attending antenatal clinics in Consultant-led obstetric care, completing the audit cycle, with the aim of assessing maintenance of quality of care.

Study design and methods:

This was a retrospective chart analysis of 100 patients attending a tertiary level referral maternity hospital with one previous Caesarean Section.

Findings:

100 charts were reviewed. 94% of patients were deemed suitable for VBAC and 100% of patients had a placental localisation scan before 32 weeks.

Counselling of patients did not always meet guidelines; 44% of cases discussed risk of uterine rupture, 13% discussed success rate of VBAC, 31% discussed risks of VBAC, 33% discussed risk of LSCS, and 40% of cases discussed the reduction of morbidity associated with VBAC. 18% of patients attending NBAC clinic had a vaginal delivery. 61% had an elective repeat Caesarean Section, and 21% had TOLAC with emergency Caesarean Section.

Conclusions:

This audit shows mixed adherence with our NBAC guidelines. Whilst the key safety measures of placental localisation scanning and reviewing previous operative notes to assess suitability for VBAC are being met, patient counselling should be improved. Interventions to improve patient counselling are currently being planned.

OPPORTUNE EXCISION OF A BOTHERSOME FIBROEPITHELIAL POLYP DURING PERINEAL REPAIR AFTER A VAGINAL DELIVERY

Amy Worrall¹, Fatimah Alaya^{1,2}, Fadi Salameh^{1,2}, Sieglinde Mullers¹

¹Rotunda Hospital, Dublin, Ireland. ²Royal College of Surgeons, Dublin, Ireland

Abstract

Following a vaginal delivery with a second degree tear perineal tear in a now Para 2 mother, an incidental finding of a pedunculated mass on the patient's right vulva was identified. It had developed during pregnancy, and enlarged throughout the third trimester, but it had not been raised by the patient with any healthcare provider. The offer was made for convenient excision of the mass while perineal repair was taking place post-vaginal delivery.

A retrospective case report of an opportune intervention in the immediate post-partum period was completed.

Consent was obtained from the patient for images to be taken before and after the intervention, and for publication for research and educational purposes.

The pedunculated mass was excised without difficulty, using local infiltration of 1% lignocaine after routine perineal repair was completed. Two interrupted sutures were placed using 2-0 serapide and haemostasis was achieved (Figure 1). The patient was satisfied with the removal of the mass. Subsequent histology returned the mass as a benign fibroepithelial polyp.

Fibroepithelial polyps of the vulva are rare, but benign, and often can enlarge during pregnancy, or in women with obesity, hypertension, or if on hormonal therapy. Excision of the mass at time of perineal repair was practical and economic. This small opportune intervention prevented further out patient appointments and surgical day case scheduling, added minimal further clinical effort and provided holistic care to the patient who was relieved to have the mass removed.

A CASE REPORT OF FALLOPIAN TUBE TORSION: A RARE CAUSE OF LOWER ABDOMINAL PAIN

Irum Saadat¹, Hifsa sial², Ravi Garrib¹, Muhammad Shakoor¹

¹Sligo university hospital, SLIGO, Ireland. ²Sligo university hospital, sligo, Ireland

Abstract

Isolated unilateral torsion of a fallopian tube is an infrequent but significant cause of acute lower abdominal pain in a female of reproductive age.

CASE REPORT

We report an unusual and interesting case of a 38 yr lady who initially presented to emergency department with complaint of pain in right iliac fossa radiating to the groin. She had past surgical history of vaginal hysterectomy with left salpingo-oophorectomy at age of 35 yr. . She had an ultrasound during her inpatient stay which showed 10 cm multicystic right ovary. Patient was discharged home with plan to re scan in 3 months' time as she opted for conservative management but she presented 10 days later again with complaint of right sided abdominal pain and CRP was raised to 45 therefore she was admitted with suspicion of ovarian torsion and laparoscopic ovarian cystectomy +/- oophorectomy was planned for her. Intraoperatively, right ovary appeared enlarged and polycystic and a very firm, red structure was seen between appendix and ovary which was found out to be tortod fallopian tube. Right salpingectomy was performed. Post-operative recovery was uneventful.

CONCLUSION

Fallopian tube torsion is a rare but significant cause for acute lower abdominal pain in women of reproductive age. Clinicians should consider tubal torsion in the differential diagnosis in women who exhibit predisposing factors.

PATIENTS ATTITUDES TO BEDSIDE TEACHING DURING THE COVID-19 PANDEMIC.

Claire Mac Bride¹, Hayley Jackson¹, Laura Taylor², Michael Carey³, Mary Higgins^{3,4}

¹UCD School Of Medicine, Dublin, Ireland. ²UCD School Of Psychology, Dublin, Ireland. ³Obstetrics and Gynaecology, National Maternity Hospital, Dublin, Ireland. ⁴UCD Perinatal Research Centre, Obstetrics and Gynaecology, National Maternity Hospital, University College Dublin, Dublin, Ireland

Abstract

Background.

Bedside teaching (BST) is a method of structured clinical teaching where the patient is central in education. We had previously explored the patients perceptions of BST using both a qualitative research study and validation of a questionnaire, both showing strong support by patients for BST once basic rules of respect and confidentiality are followed.

Purpose of Study.

With the COVID-19 pandemic, clinical education transitioned to online/virtual learning. The aim of this study was to explore patients' attitudes towards reintroduction of BST as the pandemic begins to ease.

Study Design and Methods.

Patients were invited to complete a validated questionnaire exploring their attitudes towards BST. A descriptive analysis was performed.

Findings.

400 patients consented to complete the questionnaires. Participants included women attending for antenatal (40%), postnatal (33%) and gynaecology issues (28%). A majority of patients (>94%) reported that they were happy to be involved in BST. Patients believed that they should not be asked to participate in BST should they feel stressed or unwell (69%).

Conclusion and programme implications.

This study shows extensive patient support for BST despite the COVID-19 pandemic. BST is unique in that it allows students to gain a deeper understanding of the disease which are hard to elicit through online/virtual methods (1). Therefore we would recommend the reintroduction of BST as the pandemic begins to ease pending public health advice.

AN AUDIT OF THE ANTENATAL PRESCRIBING OF ASPIRIN AT THE NATIONAL MATERNITY HOSPITAL, DUBLIN.

ADAM LYNCH¹, DANIEL KANE², DECLAN KEANE², CLARE O'CONNOR²

¹School of Medicine, Royal College of Surgeons in Ireland, Dublin 2, DUBLIN, Ireland. ²National Maternity Hospital, Holles Street, Dublin 2, DUBLIN, Ireland

Abstract

PET complicates 3-5% of all pregnancies, while IUGR complicates 5-10% of all pregnancies. Guidelines indicate that aspirin should be prescribed to all pregnant women before 16 weeks' gestation who are at risk of either developing pre-eclampsia or IUGR.

The aim of this audit was to ascertain whether aspirin was prescribed to women who fulfilled the criteria for antenatal aspirin treatment as advised by the NICE guidelines.

All patients whose booking visit took place at the National Maternity Hospital from 13/05/2019 to 17/05/2019 were included. Their booking histories were reviewed on their electronic health-record retrospectively and woman who had risk factors for PET and IUGR were identified. Their charts were also reviewed for evidence that aspirin was prescribed.

The total number of patients reviewed was 111. 15% (n=17) met the criteria for the need for antenatal aspirin. This included previous IUGR, multiple foetal pregnancy, aged ≥ 40 , hypertensive disease in a previous pregnancy and BMI ≥ 35 kg/m². 18% (n=3) of those who met the criteria were prescribed aspirin.

It is clear from the results of this audit that many patients who should be prescribed aspirin at their booking visit, are not. It is important that all medical staff are reminded of the indications for antenatal aspirin, in particular a previous history of IUGR as this accounted for 50% of patients who should have received aspirin but did not.

CLINICAL AUDIT: STANDARD OF DOCUMENTATION FOR CLEANING AND DECONTAMINATION OF TRANSVAGINAL ULTRASOUND IN GYNAECOLOGICAL WARD IN LETTERKENNY GENERAL HOSPITAL.

ASHRAF ATIA DWIDAR¹, MONA ALI FAHMI DOWIDAR²

¹LETTERKENNY UNIVERSITY HOSPITAL, LETTERKENNY, Ireland. ²CAIRO UNIVERSITY, CAIRO, Egypt

Abstract

The use of ultrasound transducers, like any instrument used on a patient, presents the possibility of microbial transmission if not properly cleaned after each use. It is recommended that transvaginal ultrasound transducers undergo high-level disinfection between each use. Adequate documentation is essential for high-quality patient care and communication of medical information and preventing potentially adverse medical consequences. Physicians are legally obligated to maintain adequate and accurate patient medical records.

Our study aims to evaluate the Standard of documentation in the record book for cleaning and decontamination of transvaginal ultrasound in the gynecological ward by comparing the current practice to the national guideline.

Retrospective clinical audit for 200 patients records on the available record books (Tristel Trio wipes System Quality Audit Trail -Record Book). The data was collected in Performa and the Data was analyzed with Microsoft Excel. The standard target is 100 % for documentation.

Results came 98 % accuracy of documentation in our department.

Action Plan was done and implemented including the development of a mini guideline to be included in the orientation pack for new doctors and all gynecological staff every 4 months to include both career & GP SHOs. Continuous education program about the importance of full documentation. Consultants' involvement in the supervision of the quality of records documentation on a random basis on the gynecological ward round. And recommended for a new audit cycle after 9 months.

OBSTETRIC AND NEONATAL OUTCOMES OF WOMEN WITH PRE-EXISTING DIABETES (TYPE 1 AND TYPE 2 DIABETES)

Sofia Dragacevac¹, Caoimhe Patchett¹, Mary Higgins²

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

Abstract

BACKGROUND AND AIMS: Pregnancy in women with Type 1 (T1DM) and Type 2 Diabetes (T2DM) may increase the risk of adverse maternal and neonatal outcomes. This study aimed to review the obstetric and neonatal outcomes of women with T1DM and T2DM.

METHODS: Charts of women with T1DM and T2DM in 2020 were reviewed. Markers of diabetes control including booking HbA1C and last recorded HbA1C before delivery, type of diabetic medication and the presence or absence of retinopathy were reviewed. Obstetric outcomes including mode of delivery and gestational age as well as neonatal outcomes including neonatal intensive-care (NICU) admissions and hypoglycaemia were recorded.

RESULTS: Of the 43 women with T1DM, 15 women had miscarriages (32.5%). Six women required emergency caesarean births (14%). Of the 19 women with T2DM, one woman had a miscarriage (5.3%) and two women required emergency caesarean births (10.5%). In terms of neonatal outcomes, 14 of 31 babies born to T1DM mothers were admitted to NICU (45.2%) and 11 babies experienced neonatal hypoglycaemia (35.5%). Four of the 19 neonates born to T2DM mothers required NICU admission (36.4%) and none were hypoglycaemic.

CONCLUSION: In summary, pregnant women with T1DM and T2DM experienced high rates of adverse obstetric and neonatal outcomes.

LAPAROSCOPIC MANAGEMENT OF A LIFE-THREATENING HEMOPERITONEUM CAUSED BY A RUPTURED CORPUS LUTEAL CYST.

Mahwish Nayab, Nusrat Batool Janjua, Abdelmagid Gaboura, Saeed Abdelkarim, Asish Das

Wexford general hospital, Wexford, Ireland

Abstract

Ruptured ovarian cyst, though a common cause of pain abdomen could be a life-threatening emergency. This case is about a rare presentation of a postcoital rupture of the corpus luteal cyst with massive hemoperitoneum.

A 32-year-old para 2 came with postcoital spotting, severe abdominal pain & nausea for few hours. She was pale, tachycardiac, and afebrile with a negative pregnancy test. The abdomen was tender in the lower half with audible bowel sounds. The computed tomography scan showed a large hemoperitoneum, with the possibility of a ruptured ovarian cyst. After resuscitation, emergency laparoscopy was performed. It showed a hemoperitoneum of 2 litres, with actively bleeding left ovarian cyst. Left oophorectomy was performed after failed attempts for hemostasis. She was transfused 4 red cell units and 1 fresh frozen plasma. Histology confirmed ruptured corpus luteal cyst.

Although the commonest gynaecological cause of massive hemoperitoneum is a ruptured ectopic pregnancy, rarely ruptured corpus luteal cyst may result in a similar presentation. Severe ongoing lower abdominal pain requiring excessive analgesia in second half of menstrual cycle, unstable vital signs, and dropping haemoglobin levels are the warning signs of acute life-threatening hemorrhage in ruptured corpus luteal cyst. Bedside ultrasound should be considered as the first-line imaging modality. Magnetic resonance imaging is superior to CT in pelvic imaging. Ruptured corpus luteal cyst can be conservatively managed; however, emergency surgery should be considered for symptomatic patients with low diastolic BP, falling hemoglobin and large hemoperitoneum on imaging.

Ruptured corpus luteum cyst should be kept in mind for differential diagnosis of massive hemoperitoneum.

KILLIAN PALLISTER SYNDROME-A RARE GENETIC DISORDER- A CASE REPORT

lavanya shailendranath¹, Sieong Ting², Dr John Slevin²

¹University maternity hospital limerick, limerick, Ireland. ²university maternity Hospital limerick, limerick, Ireland

Abstract

Background

Pallister Killian Syndrome is a rare chromosomal disorder involving development in infancy and early childhood with the incidence of 1/20000. This rare genetic disorder is caused by tetrasomy of the short arm of chromosome 12.

Pallister-Killian Syndrome is diagnosed by karyotyping or array comparative genotypic hybridisation.

Case Report

This is a case report of a 40 year old primigravida of same-sex couple conceived through intra-uterine insemination of donor sperm. A left sided diaphragmatic hernia diagnosed at 15 weeks compelled a amniocentesis. Initial PCR reported normal chromosomal and sex aneuploidies. However, culture results suggested mosaicism for 12p chromosomes – 73% normal complement and 27% structurally abnormal extra chromosomes, suggesting the clinical diagnosis of Pallister-Killian mosaic syndrome. Fetal maternal specialist , genetecist, neonatal cardiologist Multidisciplinary team were invovled in the care

Fetal echo suggested dextrocardia with structurally normal heart and sonographic left sided diaphragmatic hernia. Regular review by fetal biometry follow up at 21+1, 22+6, 28 week, 29+6, 30+6 were facilitated. Polyhydramnios was noted on routine ultrasound scan, with normal results of oral glucose tolerance test. Deliveryplanned at tertiary centre in Dublin . However, premature preterm rupture of membrane was confirmed at gestation 31+5 weeks and the patient was transferred to tertiary centre for further management. A baby girl was delivered vaginally at 35 weeks gestation.

Discussion

Identifying and diagnosing this syndrome is often very tricky antenatally through amniocentesis as reported in our case. Unfortunately, there is no specific treatment and there is a vast spectrum of disabilities requiring lifelong medical care.

PREGNANCY OUTCOME IN PATIENT WITH FAMILIAL PARTIAL LIPODYSTROPHY AND INSULIN DEPENDANT DIABETES MELLITUS

lavanya shailendranath¹, Sieong Ting², Dr John Slevin¹

¹University Maternity hospital Limerick, Limerick, Ireland. ²University Maternity Hospital Limerick, Limerick, Ireland

Abstract

Background

Familial partial lipodystrophy is a rare genetic disorder characterised by selective, progressive loss of body fat from various areas. The incidence is 1 in 10000000 in general population.

Case report

This is a case report of a 31 years old primigravida with history of Type 2 diabetes since 8 years and diagnosed with familial partial lipodystrophy since 2018. She required 870 units insulin on daily basis and her booking HBA1C level at gestation 7 weeks was 62mmol. Her booking BMI was 30.8 with normal blood pressure and no proteinuria. . An early pregnancy scan at 8 weeks confirmed a viable intrauterine pregnancy.

All her antenatal visits were under the joint care of endocrinology and fetal maternal specialist. Anatomy scan was normal. Over the course of her pregnancy, her insulin requirement increased exponentially .She presented at 29 + 5 weeks with symptoms of preeclampsia . . During admission, she developed transient hypoglycaemic episodes and her insulin doses were withheld. Dexamethasone were administered in view of foetal lung maturity at 30 weeks gestation which stabilised her hypoglycaemic episodes and insulin doses titrated .

She underwent emergency caesarean section at gestation 32+6 weeks, due to worsening preeclampsia delivering a baby girl weighing 2.8kg

Discussion

Marked insulin resistance is associated with this condition and pregnancy induced insulin resistance makes it challenging for good glycaemic control. Multidisciplinary team involvement will provide better maternal and fetal outcome. The preconception care is utmost important with education on risk associated with and the impact of pregnancy on this rare disorder.

THE USE OF VEGF ON OVARIAN TISSUE IN VITRO TO ENHANCE THE VASCULARISATION OF CRYOPRESERVED OVARIAN TISSUE

Hayley Jackson¹, Natalie Getreu², Paul Hardiman², Helen O'Neill²

¹UCD School of Medicine, Dublin, Ireland. ²Institute for Women's Health UCL, London, United Kingdom

Abstract

Ovarian tissue cryopreservation is an innovative method of fertility preservation for women at risk of infertility following gonadotoxic treatment. The ovarian cortex is cryopreserved allowing preservation of primordial follicles. Following tissue transplantation a large number of follicles undergo atresia due to ischaemia as a result of slow graft revascularisation. Improving blood flow to the grafted tissue is vital in order to optimise the transplantation procedure.

The aim of this study was to determine the effect that vascular endothelial growth factor (VEGF) tissue culture has on follicle viability and tissue revascularisation in an attempt to reduce ischaemic damage caused by transplantation and thereby improve the follicle conservation rate.

Bovine ovary (n=3) tissue pieces were cryopreserved using controlled slow rate freezing. Following thawing, the tissue was cultured with VEGF at concentrations of 5ng/ml, 10ng/ml and 15ng/ml for 72 hours. The effect of VEGF culture on follicle conservation was determined using histological staining and its effect on angiogenesis was assessed by von Willebrand Factor immunostaining and microvessel density. Data was statistically analysed by performing a two-way ANOVA test and a P-value of <0.05 identified statistical significance.

Culturing the cryopreserved ovarian tissue with 5ng/ml of VEGF appeared to be the optimal concentration for follicle survival however there was no statistical significance. Culturing the tissue with 15ng/ml significantly increased microvessel density indicating an improved blood vessel growth.

This study shows that using exogenous VEGF to stimulate angiogenesis in ovarian tissue is effective and therefore could have clinical significance regarding improving revascularisation and the transplantation procedure.

A CASE OF CHRONIC HISTIOCYTIC INTERVILLOSITIS

Grace Madigan, Fadi Salameh, Michael Geary

The Rotunda Hospital, Dublin, Ireland

Abstract

A CASE OF CHRONIC HISTIOCYTIC INTERVILLOSITIS

Madigan G, Salameh F, Geary M.

Background

We present the case of a 40 year old gravida 0 + 3 attending a tertiary level referral maternity hospital with miscarriage of an IVF monochorionic twin pregnancy. Histopathological examination revealed the presence of chronic histiocytic intervillitis.

Purpose

This case report highlights an unusual and poorly understood cause of miscarriage.

Findings

Cytogenetics confirmed two normal female twins, without evidence of congenital anomaly. Histopathological examination of the placenta revealed evidence of a chronic histiocytic intervillitis.

Chronic histiocytic intervillitis (CHI) is a disorder of pregnancy characterised by infiltration of macrophages into placental intervillous spaces. This infiltration is associated with local inflammation leading to trophoblast necrosis and fibrin deposition. CHI is strongly associated with fetal growth restriction and an increased risk of miscarriage and intrauterine death. Recurrence rates of between 25 and 100% have been reported. Currently, CHI can only be diagnosed on histopathological examination of the placenta, usually after an adverse pregnancy outcome. Given it's rare nature, CHI continues to be poorly understood, with limited evidence surrounding current therapies.

Conclusions

The authors present this case to highlight this pathology as an unusual and poorly understood cause of miscarriage.

GYNAECOLOGICAL SURGICAL TRAINING IN IRELAND 2014-2021: LONGITUDINAL SURVEY

Daniel Galvin, Orfhlaith O'Sullivan

ASSERT Centre, UCC, Cork, Ireland

Abstract

Over the last decade barriers to surgical training have been identified including reducing access to theatre lists, reducing numbers of major surgical procedures being performed, increasing numbers of trainees and reduction in working hours since the introduction of the European Work Time Directive (EWTD).

We designed a study which aimed to assess both trainers and trainees perception of gynaecological surgical training in Ireland. The purpose of this was to identify confidence levels, challenges and highlight potential areas for future improvement of surgical training.

This was a cross-sectional survey based study. The survey was distributed to all trainees and trainers registered with the Royal College of Physicians of Ireland Obstetrics and Gynaecology higher specialist training programme in 2014, 2017 and again in 2021. Data are reported as simple descriptive statistics where appropriate. Comparison of Likert scale responses was performed using the Mann-Whitney U test. The Chi-squared test was used to compare categorical variables.

During the study period trainees' confidence that the training programme prepared them to perform gynaecological surgery fell significantly. This difference was most evident for major procedures. All trainees disagreed when asked if gynaecology was given adequate time in the training programme to prepare them to practice independently as consultants.

We see from this data that there is an overall decrease in trainees' and trainers' confidence in the surgical training provided by the Higher Specialist Training programme. This is particularly true for major gynaecological procedures. Efforts must be made to ensure trainees get adequate access to gynaecological surgical training.

IMPACT OF THE COVID-19 PANDEMIC ON HIGHER SPECIALIST GYNAECOLOGY SURGICAL TRAINING: A NATIONAL SURVEY OF TRAINERS AND TRAINEES

Daniel Galvin, Orfhlaith O'Sullivan

ASSERT Centre, UCC, Cork, Ireland

Abstract

In Ireland, the first cases of COVID-19 were identified in February 2020. As a result, healthcare facilities seriously curtailed elective non-cancer clinics and operating lists in all public hospitals.

With this study we aimed to assess the impact of the coronavirus pandemic on HST trainees and trainers. We aimed to assess participants experience both before and after the pandemic.

This was a cross-sectional survey based study. The survey was distributed to all trainees and trainers registered with the RCPI Obstetrics and Gynaecology HST programme in February 2021.

100% (n=26) of trainees and 97.1% (n=34) of trainers reported that they felt that the pandemic has had a negative impact on training. Common themes were: cancellation of gynaecology surgical lists, cancellation of gynaecology clinics, cancellation of face-to-face training courses. Comparing procedure volumes pre- and post-pandemic shows a significant reduction in minor procedures only for trainees ($p=0.008$), and in all procedure types for trainers ($p=0.001$, 0.001 and 0.011 for minor, intermediate and major). The majority of respondents felt they had less time for research and audit, were less able to attend courses or conferences and worried about the impact of their work on their families.

The coronavirus pandemic has had a significant impact on gynaecological training in Ireland. There has been a significant reduction in the volume of procedures performed by trainees and trainers. This reduction may have a lasting impact on trainees and should be assessed again in light of the easing pandemic restrictions as elective hospital work returns to normal.

A CASE REPORT OF UTERINE RUPTURE FOLLOWING SEQUENTIAL SURGICAL AND MEDICAL MANAGEMENT OF A MISCARRIAGE

Emily Rutherford, Daniel Galvin, Orfhlaith O'Sullivan, Richard Greene

Cork University Maternity Hospital, Cork, Ireland

Abstract

Over 15% of pregnancies end in miscarriage, and therefore an in-depth knowledge of management options and their potential complications is crucial for obstetric trainees. Management options for miscarriage can be categorised as conservative, medical and surgical, each of which have advantages and disadvantages. Here, a report outlining a complex case and the rationale for different management options is presented. In this case, a primiparous patient with no other significant history underwent a surgical evacuation of retained products of conception (ERPC), which was unsuccessful in removing the gestational sac. The following day, a fall in haemoglobin and free fluid on scan necessitated a return to theatre, where a uterine perforation was seen at laparoscopy. As the gestational sac was still in situ, the patient was subsequently followed as an outpatient in the early pregnancy unit, where a plan was made to proceed with medical management two weeks after the primary procedure. However, following administration of misoprostol as an inpatient, acute abdominal pain occurred. At laparotomy, uterine rupture at the site of the initial perforation was diagnosed and repaired. Four months later, imaging suggested that the uterine scar had healed well. A pregnancy was conceived and delivered electively by caesarean section at 36 weeks. A very thin anterior uterine wall just above the lower segment was noted and the patient was advised regarding the same mode of delivery in future. The clinical course above underlines the need for ongoing trainee education in pre-operative patient counselling and consent, and recognition of post-operative complications.

THE PREVALENCE OF ANTENATAL URINARY RETENTION AND ITS LONG-TERM IMPACT ON THE PELVIC FLOOR

Bobby O'Leary, Linda Kelly, Declan Keane

National Maternity Hospital, Dublin, Ireland

Abstract

Antenatal urinary retention (ANUR) is an uncommon, yet severe form of pelvic floor dysfunction (PFD) and research is mostly limited to case reports and case series. This study aimed to establish the incidence of and risk factors for antenatal urinary retention in our population, and whether this had any impact on PFD.

This was a cross-sectional study. Women diagnosed with antenatal urinary retention requiring catheterisation from January 2016 to December 2020 in our institution were identified from a hospital database and sent the Australian Pelvic Floor Questionnaire.

From 2016 to 2020, 41 women were identified having ANUR. Over 70% were in the first trimester (29/41). Over 90% of women were initially managed with an indwelling catheter. Of these, 11 required subsequent clean intermittent self-catheterisation (CISC). Nine (82%) were voiding normally after a week or less. The remainder required CISC for 21 and 28 days. None of the women had postnatal urinary retention.

Questionnaire results were available for 25 women. Sixty-six percent (17/25) denied any subjective slow flow of urine. Eight women reported a slow flow up to once or more per week. Incomplete bladder emptying was reported by 40% (10/25). Twenty-eight percent (7/25) reported a need to strain to empty their bladder. None of these women reported this as a constant phenomenon.

ANUR is an uncommon, but severe form of PFD. Treatment with an indwelling catheter is only required for a short time, and most women do not require CISC. Reassuringly, long-term PFD is minimal in this group of women.

A SERVICE EVALUATION OF OUR LADY OF LOURDES HOSPITAL'S EARLY PREGNANCY ASSESSMENT UNIT

Thomas Cronin, Modupe Iroju-Williams, Uday Khopkar

Our Lady of Lourdes Hospital, Drogheda, Ireland

Abstract

Background & Aim

To evaluate the Early Pregnancy Assessment Unit (EPAU) at Our Lady of Lourdes Hospital.

Methods

Data were collected of patients attending the unit over a consecutive three-month period in 2021. Anonymised data were inputted into a pre-formed Microsoft Excel spreadsheet and simple descriptive statistics were applied to analyse the data.

Results

There were 618 attendances at the EPAU over a three-month period at our institution. The median age was 32 (range 15-47 years). For 56% (n=347), it was their first EPAU attendance, 32% (n=196) were return patients and 11% (n=66) were in-patients.

The most frequent outcome following EPAU attendance was a viable intrauterine pregnancy (42%), followed by a pregnancy of unknown location/ectopic in 15%, and then a pregnancy of uncertain viability in 12%. An incomplete, complete, and missed miscarriage was identified in 25% of attendees.

Conclusion

This service evaluation demonstrates a three-month snapshot of the Our Lady's of Lourdes Hospital's EPAU service. In the majority of cases, a visit represents a first attendance, whilst the most common outcome is a viable intrauterine pregnancy. This evaluation illustrates how the EPAU service contributes to the management of early pregnancy in our institution.

Rectus Fascial Pubovaginal Sling – A Step by Step Video Tutorial

Doireann Roche, Molly Walsh, Gerry Agnew

National Maternity Hospital, Dublin, Ireland

Abstract

The suspension of vaginal mesh products in the UK and Ireland in 2018 has led to an increase in the use of mesh free alternatives for the treatment of stress urinary incontinence. The Pubovaginal autologous fascial sling is one such procedure that is increasingly offered to this cohort of patients. A recent audit carried out in our department showed a high patient satisfaction rate of 93% (n=14) , with 100% (n=15) of women reporting an improvement in their condition post-operatively.

The aim of this project was to create a step-by-step video demonstrating how the procedure is done, in order to give healthcare professionals working in Obstetrics & Gynaecology an invaluable resource to better understand this operation.

A patient undergoing this operation gave informed written consent. A video recording was undertaken intra-operatively. The video was edited to include subtitles highlighting each step of the procedure. We plan to use a qualitative retrospective questionnaire to evaluate if this video helps to improve understanding of the procedure after watching it.

Findings will include knowledge and understanding of the procedure before and after watching the video.

We hope that this video will serve as a useful learning tool for those providing care in Urogynaecology.

IV DEXAMETHASONE AS AN EFFECTIVE STRATEGY TO PROLONG PREGNANCY IN A TRICKY CASE OF HELLP SYNDROME – A CASE REPORT

K Flynn, N Garry, A Martin

Coombe Women and Infants University Hospital, Dublin, Ireland

Abstract

Haemolysis, elevated liver enzymes and low platelet count (HELLP) syndrome is associated with significant maternal and neonatal morbidity and mortality. The Jehovah's Witness religion is recognized for refusal of blood transfusion posing significant clinical, medicolegal and ethical challenges.

Case: A 33-year-old multiparous woman, of Jehovah's Witness faith, presented to a peripheral unit at 23 weeks gestation with sudden onset vomiting, high blood pressure, elevated liver transaminases and thrombocytopenia. On examination, she had brisk reflexes and clonus. She was commenced on antihypertensive therapy and transferred to a tertiary hospital at 23+5 weeks. One dose of betamethasone for fetal lung maturity was given prior to transfer. The estimated fetal weight was 559g with increased resistance in the Uterine Artery Doppler. Magnesium Sulphate was commenced. She was also commenced on 10mg Dexamethasone intravenously. Bloods improved and she stabilised. At 25+4, her bloods deteriorated and there was REDF in the UA Doppler. An Emergency LSCS was performed delivering a liveborn male infant weighing 645g. Estimated blood loss was 350mls.

The only definitive treatment for HELLP syndrome is delivery of the baby and placenta. The use of corticosteroids remains controversial and is most commonly used to accelerate postpartum recovery. This case highlights the use of IV Dexamethasone as a strategy to increase platelets in a clinical scenario where management of haemorrhage was particularly challenging. This also enabled time for a second dose of antenatal steroids for fetal lung maturity and the benefit of 13 extra days in utero at the cusp of viability.

BEREAVED PARENTS INVOLVEMENT IN MATERNITY HOSPITAL PERINATAL DEATH REVIEW PROCESSES: “NOBODY EVEN THOUGHT TO ASK US ANYTHING”

Aenne Helps, Keelin O'Donoghue, Orla O'Connell, Sara Leitao

University College Cork, Cork, Ireland

Abstract

Background

The death of a child is devastating for parents, families and staff involved. Involving bereaved parents in their baby's care and the hospital perinatal death review can help parents manage their bereavement and plan for the future. In Ireland, bereaved parents generally have not been involved in this review process. The focus of our study was to examine how parents may be appropriately involved in the hospital perinatal death review in ways that benefits them and the review process itself.

Methods

Twenty semi-structured interviews with bereaved parents in Ireland were completed. Thematic analysis was carried out on the interview transcripts.

Results

Four main themes were identified reflecting the parents' journey through the different stages of the review process: Throughout process; On leaving the hospital; Interaction with the hospital “waiting in limbo”; Review itself. Identified subthemes highlighted essential aspects in this process and care provided to parents. For the parents, open, honest communication with staff and having a key hospital contact was essential. Parents wished to provide feedback on their experience and wanted to be included in the review of their baby's death, in a way that was sensitive to their needs and the hospital's schedule.

Conclusions

A respectful, flexible system that allows bereaved parents' involvement in their baby's death review and is tailored to their needs is essential. A collaborative process between staff and parents can highlight clinical areas in need of change, enhance lessons learned, improve bereavement services, and may prevent future perinatal deaths.

NATIONAL PERINATAL MORTALITY AUDITS AND RESULTANT INITIATIVES IN FOUR COUNTRIES

Aenne Helps, Sara Leitao, Arlene Gutman, Richard Greene, Keelin O'Donoghue
University College Cork, Cork, Ireland

Abstract

Background

Implementing and re-evaluating recommendations from perinatal mortality audits addresses risk factors identified and completes the audit cycle, preventing similar deaths in the future.

This study examined national perinatal mortality audits' methodology in four high-income countries (UK, New Zealand, Ireland, Netherlands). Recommendations made (between 2015-9) and the national initiatives addressing these were analysed.

Methods

Two comprehensive literature searches were completed: on established national perinatal mortality audits in high-income countries; and on national initiatives addressing recommendations from these audits. Content analysis of the recommendations of the audit reports was completed.

Results

Though the methodology of the audits varied, all four national perinatal mortality audits were state-funded and had a standardised online data collection form to report deaths. Some recommendations were recurring. Themes from recommendations included: Raising public awareness of perinatal mortality risk factors, Detection of fetal growth restriction, Prevention of preterm birth, Resources for data collection and review.

Only the UK had various initiatives addressing perinatal mortality risk factors directly (e.g. smoking, fetal growth restriction). New Zealand included stakeholders in the audit recommendations' development and provided updates on their implementation. The Netherlands developed a programme for audit recommendation implementation. Ireland created a group which is progressing some recommendations from the audit.

Conclusions

National perinatal mortality audits are important in identifying contributory factors and making recommendations to address these. Recurring recommendations suggest a failure to resolve the identified issues. This study shows how some challenges are common to high-income countries' audits, highlighting the need for shared learning of successful initiatives.

MAJOR POSTPARTUM HAEMORRHAGE: THE MANAGEMENT PATHWAY

Sie Ong Ting, Kent Klemmer, Sam Coulter-Smith

Rotunda Hospital, Dublin, Ireland

Abstract

Obstetrics haemorrhage remain as the third leading cause of direct maternal death in UK and Ireland. Major postpartum haemorrhage (PPH) is defined as blood loss exceeding 1000ml and is considered obstetrics emergency requiring teamwork and prompt management to reduce maternal morbidity and mortality.

This audit aims to determine the compliance with the management of major PPH as per local hospital guideline and algorithms.

This is a 6-month retrospective study of all vaginal deliveries sustaining major PPH ranging 1000ml to 2500ml of blood loss in Rotunda Hospital.

64% of major PPH was from vaginal deliveries with 57.6% after spontaneous delivery, 22.5% from ventouse delivery, 17.2% from forceps delivery and 2.7% after sequential instrumental delivery. Only 65.7% of these cases has PPH Performa documented. Causes were identified as 49.7% tone, 23.8% trauma, 12.6% tissue, 11.9% combined causes, 0.7% thrombin and 1.3% was not documented. 99.3% of these women had active third stage management with syntocinon injection and 88.7% had repeat dose. 30 units of syntocinon infusion was commenced in 96.7% of the cases with women receiving further medication of 68.9% misoprostol, 13.2% carboprost, 17.2% syntometrine after outruling existing hypertension and 77.5% tranexamic acid. 8.6% of them was admitted to High Dependency Unit. Only 82.6% thromboprophylaxis was given after major PPH.

All antenatal risk factors should be identified antenatally to anticipate third stage management. All staff members should be educated and familiarise with the PPH management pathway. Training and emphasis should be put on documentation of the pre-made PPH performa for future auditing.

HETEROTOPIC PREGNANCY: A RARE YET LIFE THREATENING DIAGNOSIS

Sie Ong Ting, Kent Klemmer, Sownya Mayigaiah, Rishi Roopnarinesingh

Rotunda Hospital, Dublin, Ireland

Abstract

Heterotopic pregnancy is defined as the coexistence of at least two pregnancies in different implantation sites, with one intrauterine and one ectopic pregnancy. The incidence of heterotopic pregnancy is reported at 1/30000 with spontaneous conception. The rarity of a spontaneous heterotopic pregnancy creates a difficult differential diagnosis.

A 41 year old woman para 2 with spontaneous conception presented to the emergency department in the Rotunda Hospital at 8 weeks gestation complaining of generalized abdominal pain and feeling unwell. Her vital signs were normal but abdominal palpation demonstrated generalised tenderness with guarding and rebound tenderness.

Transvaginal scan showed a left-sided live ectopic pregnancy and again confirmed an intrauterine pregnancy. There was also a large volume of free fluid and blood clots in the pelvis.

The patient underwent a laparoscopic left salpingectomy. The uterus was not manipulated, to preserve the intrauterine pregnancy. Histopathology confirmed ectopic pregnancy with no evidence of molar gestation. The patient recovered well postoperatively. Unfortunately she suffered a missed miscarriage at her follow up early pregnancy scan 2 weeks later.

Confirmation of an intrauterine pregnancy by ultrasound along with the rarity of a spontaneous heterotopic pregnancy accounts for the difficulty in its diagnosis. One must have a heightened clinical awareness when there is a mismatch in investigative findings and clinical assessment. Preferential use of transvaginal ultrasound and deliberate scrutiny of the pelvis including the adnexae may facilitate diagnosis prior to a catastrophic ruptured ectopic pregnancy.

NEW ONSET OF GUILLAIN-BARRE SYNDROME IN POSTPARTUM PERIOD FOLLOWING CAESAREAN SECTION UNDER SPINAL ANAESTHESIA

Sie Ong Ting, Lavanya Shailendrantah, Mairead O'Riordan

Cork University Maternity Hospital, Cork, Ireland

Abstract

Guillain-Barré syndrome is a rare autoimmune disorder caused by demyelination and axonal degeneration resulting in acute polyradiculoneuropathy. The incidence of Guillain-Barré syndrome in pregnancy is 6-24 cases per 100,000 and carries a higher maternal morbidity and mortality.

A 36-year-old Pakistani woman, para 3 presented to the emergency unit in Cork University Maternity Hospital 19 days post her elective caesarean section with bilateral leg weakness and unsteady gait as well as slight numbness on the sole one week post-surgery.

Neurology consult was requested and her nerve conduction study revealed findings consistent with Guillain-Barré syndrome. She received intravenous immunoglobulins (IVIG) of 0.4g/kg for 5 days and physiotherapy. Symptoms improved and she was discharged home with neurology outpatient clinic follow-up.

Guillain-Barré syndrome is a very rare disorder seen in obstetrics field and multidisciplinary approach is warranted for a better outcome. Guillain-Barré syndrome can occur at any stage of the pregnancy but the incidence is increased in the third trimester and 2 weeks postpartum. Guillain-Barré syndrome is commonly presented as progressive symmetrical weakness starting from lower extremities in ascending pattern, areflexia, paraesthesia or neuropathic pain. Laboratory and electrophysiological investigation for the diagnosis of Guillain-Barré syndrome is often non-specific. Lumbar puncture, antibody screening, electrocardiogram and nerve conduction study are included to diagnose Guillain-Barré syndrome. Guillain-Barré syndrome is treated with 400mg/kg of intravenous immunoglobulins for 5 days or immunomodulation with plasmapheresis.

IMPROVING LAPAROSCOPIC SKILLS USING LARA'S HOMEMADE PELVITRAINER DURING COVID 19 ERA; PILOT STUDY

ASHRAF ATIA DWIDAR¹, MONA ALI FAHMI DOWIDAR²

¹LETTERKENNY UNIVERSITY HOSPITAL, LETTERKENNY, Ireland. ²CAIRO UNIVERSITY HOSPITAL, CAIRO, Egypt

Abstract

Laparoscopic surgery is apprenticeships, where the surgical trainee learns to perform the surgery under the supervision of a trained surgeon. This is costly, time-consuming, and with the reduction in the number of elective laparoscopic operations during the Covid 19 pandemic, the chance for more training get reduced. Training using physical simulators is an option to supplement standard laparoscopic surgical training but most of the simulators are expensive, costly, and can not be available in low resources settings. Lara'spelvitrainer (my innovation) is an individual homemade laparoscopic trainer box, easily available, affordable. an inexpensive that can be assembled and used by one or more trainees either in a skills lab or at home.

The aim of the Prospective, randomized, controlled, double-blind study is to evaluate t Lara'spelvi trainer and its impact on the surgical skills of the trainee

Sixteen newly appointed gynecological and surgical residents with no laparoscopic experience during the covid pandemic period 2020.

Eight residents spent 2 hrs of training for three days per week. (Pick & Place ex., Precision cutting & lap suturing). The ability to do adequate laparoscopic tasks was assessed independently compared to the Controls: group 8 residents who have not been trained on pelvi trainers supervised during performing the same procedure.

There was a statistically significant difference in the performance of surgical residents (Proficiency) who have been trained on the new pelvic trainer in the study group compared to controls, which was reflected by the time spent to perform the procedure and the number of mistakes.

MANAGEMENT OF PREGNANCY IN WOMEN WITH MOYAMOYA DISEASE: A CASE REPORT

KATIE FLYNN, EMMANUEL HAKEM, CARMEN REGAN

COOMBE WOMEN & INFANTS UNIVERSITY HOSPITAL, DUBLIN, Ireland

Abstract

Moyamoya disease (MMD) is a rare progressive vaso-occlusive condition of the intracranial internal carotid arteries, causing development of fragile collateral vessels. It predominantly affects Japanese women and there is familial inheritance in 10% of cases.

There is limited literature on management of pregnant women with MMD. However, it is thought to increase the risk of cerebrovascular accidents, thrombosis, hypertensive disorders and increased cerebral perfusion pressure. Considering this, these patients pose a significant challenge during pregnancy and delivery.

We are reporting a case of a 32-year-old Irish multiparous woman, who booked at the combined medical/obstetric antenatal clinic at 11 weeks of gestation. She had been diagnosed with MMD via MRI in April 2020 following an episode of severe peri-orbital and occipital headache with associated photophobia, phonophobia and vomiting. The MRI at time of diagnosis showed a right MCA occlusion with Moyamoya phenomenon and she was subsequently commenced on Aspirin and Verapamil. She also had a transient episode of psychosis on the ward, including paranoid delusions, hallucinations and some personality change.

In this case report, we are discussing in detail the proposed management of pregnant women with MMD using a multidisciplinary approach with input from obstetrics, neurology and anaesthetics.

VAGAL NERVE STIMULATION FOR CONTROL OF REFRACTORY EPILEPSY IN PREGNANCY: A CASE REPORT AND LITERATURE REVIEW

K FLYNN¹, E HAKEM¹, C DOHERTY^{1,2}, T TAN^{1,2}, B BYRNE^{1,2}

¹COOMBE WOMEN'S AND INFANT UNIVERSITY HOSPITAL, DUBLIN, Ireland. ²ST. JAMES'S HOSPITAL, DUBLIN, Ireland

Abstract

Vagal nerve stimulation (VNS) is a neuromodulatory device approved as an adjunctive therapy for multi-drug-resistant (MDR) epilepsy and when surgical resection of an epileptogenic focus is not an option. It is thought to work by increasing the release of norepinephrine in the locus coeruleus, thus increasing the seizure threshold. There is limited experience of its efficacy and safety in pregnancy.

We describe the case of a 41-year-old woman with Sturge-Weber Syndrome (SWS) who is presenting for care in her third pregnancy. We have previously published a case report of her first pregnancy (Byrne, O'Carroll and Doherty, 2021). She has medically refractory frontal lobe epilepsy, secondary to SWS, and has a VNS in situ. She had an elective CS in her first pregnancy, and an ERPC in her second, both under general anesthetic, followed by frequent seizure activity immediately post-op. The VNS had been deactivated prior to surgery to prevent damage to the pulse generator potentially caused by the use of electrocautery during surgery.

On review of the literature, only 35 cases of pregnancy with a VNS in situ have been reported (Suller Marti et al., 2019). The data is reassuring, thus far, but there are insufficient numbers yet to comment on maternal and fetal safety. Our case demonstrates the potential risk of increased seizure frequency if the VNS is deactivated. Bipolar diathermy use will avoid the electrocautery concerns.

VACCINE HESITANCY AMONG THE PREGNANT POPULATION: EXPLORING UNVACCINATED PREGNANT WOMENS ATTITUDES TOWARDS COVID-19 VACCINATION: Leahy, C, O'Shea, R, Imcha, M

Charlie Leahy, Naro Imcha

Limerick University Maternity Hospital, Limerick, Ireland

Abstract

Background

Covid-19 vaccination has been available since January 2021 and offered to pregnant women since April 2021. Pregnant women have a higher likelihood of being admitted to critical or intensive care units (ICU) following covid-19 infection. As the covid-19 vaccination reduces the risk of severe infection, the Royal college of physicians in Ireland (RCPI) has advocated vaccination in pregnancy. However, rates of ICU admission among pregnant women have remained significant.

Purpose

The goal of this study is to investigate patient's motivations for declining vaccination while pregnant. The data elicited from this study will allow clinicians to better design interventions aimed at improving vaccination rates among the pregnant population.

Study designs and methods:

A bespoke survey was handed out to 100 unvaccinated patients with their informed consent attending antenatal clinics over a 1 week period. 61 patients responded with a completed survey.

We then modelled vaccine acceptability versus age, fear of covid infection and fear of covid vaccination using multiple linear regression with bootstrapping for confidence interval estimation and hypothesis testing.

Findings

The majority of those who would decline the vaccine in pregnancy would take it if not pregnant. Fear of Covid-19 infection was positively correlated with likelihood of uptake of vaccination in pregnancy. Fear of the vaccines effect on the fetus were a negative predictive factor.

Conclusions

Women of childbearing age should be targeted for vaccination. Greater awareness of the dangers of covid infection and safety profile of vaccination to the fetus should be emphasised.

An audit of the introduction of Propess pessary for induction of labour in an Irish hospital

Maeve White, Caroline Early, Sam Thomas

Midlands Regional Hospital, Mullingar, Ireland

Abstract

Induction of labour is used for approximately 20% pregnancies worldwide. Propess pessary is a safe method of induction, which can be easily removed in the event of uterine hyperstimulation, and necessitates less vaginal examinations over the induction process. Propess was introduced in Midlands Regional Hospital, Mullingar (MRHM) for nulliparous women in March 2021, and for multiparous women in August 2021.

MRHM's Propess guideline was written in September 2020. It recommended an audit in the first 6 months to ensure that the inclusion and exclusion criteria were being met, and to review the method of delivery of women receiving Propess.

The charts of all 91 women who received Propess for induction of labour over a 7 month period were reviewed. Their parity, gestation, reason for induction and delivery method were recorded. This was compared to our local guideline.

No women with a contraindication listed in MRHM's guideline received Propess. All women were over 37 weeks gestation with intact membranes. The vaginal delivery rate was 62% (50% SVD and 12% OVD), and the Caesarean section rate was 32%.

Since its introduction, Propess has been used appropriately. The use of Propess has not increased the CS or OVD rate in our unit. We have recently introduced the Propess for multiparous women, and we plan on auditing its success in this group. In future, we also plan on reviewing the length of labour and the need for Oxytocin for augmentation in the Propess group.

The HAF Study – Haemorrhoids and Anal Fissures in the Puerperium: Predictive Factors and Effective Treatments

Gillian Corbett¹, Rebecca Boughton¹, Caroline Brophy¹, Jacqui Clifford², Linda Kelly¹, Myra Fitzpatrick^{1,3}, Ann Hanly^{3,4}, Laoise O'Brien^{1,5}

¹National Maternity Hospital, Dublin, Ireland. ²Royal College of Surgeons in Ireland, Dublin, Ireland. ³Pelvic Floor Centre, St Michael's Hospital, Dun Laoghaire, Ireland. ⁴St Vincents' University Hospital, Dublin, Ireland. ⁵St Vincent's University Hospital, Dublin, Ireland

Abstract

Haemorrhoids and anal fissures (HAF) are common in pregnancy. There is limited data on their natural course and effective treatments in the puerperium. Formal guidance on this issue is lacking.

This study's aim is to highlight incidence of HAF in pregnancy, describe predictive factors, natural course and identify effective treatments.

A prospective observational study was performed on patients over 34 weeks' gestation. Patients were recruited in antenatal clinic and inpatient wards (April-August 2021). Consent was obtained. Data was collected using anonymous patient surveys. Approval was granted by the research ethics committee.

The incidence of self-reported HAF in pregnancy was 44.6%(82/184). 14.6%(12/82) occurred in the first trimester, 30.5%(25/82) in the second and 54.9%(45/82) in the third trimester. Resolution occurred within days in 45%(37/82), persisting for weeks in 26.8%(22/82) and months in 28%(23/82) of cases. 61% of patients assessed and managed the pathology themselves. Management was mainly conservative(76.8%,63/82) and medical(78%,64/82). Just one patient(1.2%) required surgical treatment. Most effective treatments include sitz baths, improved dietary fibre and fluid intake and Scheriproct. Other topical agents were used by few patients with mixed efficacy (Preparation-H/Instillagel/Xyloproct/Proctasel).

Haemorrhoids and anal fissures are a significant issue affecting half of pregnancies. Only 39% of women attended a healthcare provider for advice. There is a significant lack of evidence pertaining to the effective management of HAF in pregnancy. This study highlights the need for clarity and formal guidance on this very common condition of pregnancy.

CLINICAL AUDIT: OUTCOME OF VAGINAL BIRTH AFTER ONE CASAEREAN SECTION IN SLIGO UNIVERSITY HOSPITAL

ASHRAF ATIA DWIDAR¹, MONA ALI FAHMI DOWIDAR²

¹SAOLTA GROUP HOSPITALS, LETTERKENNY, Ireland. ²CAIRO UNIVERSITY HOSPITAL, CAIRO, Egypt

Abstract

With the rising rate of caesarean sections, there are several complications that we are coming across like the placenta accreta spectrum and its implications on maternal morbidity and mortality. The choice of having a vaginal birth after a C-section had allowed many women who had one C section to deliver vaginally (VBAC). our audit is aimed at determining the success rate of VBAC and the provided quality of care in Sligo university hospital in comparison to the national guideline and to help the health care provider to counsel pregnant ladies with previous one caesarean section about the local figure of the success rate of VBAC.

the audit was retrospective included all patients with previous C/Section who delivered in the last six months. Case notes and information was retrieved via an Audit proforma.

Among 96 patients 46% had ERCS, 26% had EMLSCS and 28% had successful VBAC. amongst those who had successful VBAC 10-12% had previous vaginal deliveries and 4-14% had previous successful VBAC, During the antenatal period 60% had documented discussion about risk and benefits of VBAC versus ERCS at booking. Almost every woman (98.6%) had a mid-trimester scan for placental localization, Final decision for the mode of birth was 31.5% opted for VBAC and 48% opted for ERCS, who opted for VBAC 25.4% had spontaneous onset of labour and 15.5% were induced.

The routine use of VBAC checklists during antenatal counselling should be considered, as they would ensure informed consent and shared decision making in women undergoing VBAC.

An audit of antenatal anaemia in an Irish tertiary hospital

Maeve White, Siobhan Corcoran

National Maternity Hospital, Dublin, Ireland

Abstract

Iron deficiency anaemia is common, affecting 25-40% of pregnancies in the UK. It is an important cause of maternal morbidity and mortality with complications to fetal and infant development.

To re-audit our practice against the findings of the 2018 National Comparative Audit of the Management of Maternal Anaemia.

The charts of the last 5 women to deliver on the labour ward from the following referral pathways were reviewed; General Antenatal Clinic, Maternal Medicine Clinic, Peripheral Clinics, Semi Private Clinic (SPC), Private Rooms, Community Midwives, Diabetic Clinic, and Pre-term Delivery Clinic. The 7 KPIs from the 2018 report were evaluated.

All 40 patients had their Haemoglobin (Hb) checked at booking. 37/40 patients had their Hb rechecked at some stage during pregnancy. 3/5 patients from private rooms did not have their Hb rechecked again after booking. 3/40 of patients were found to be anaemic (one from SPC, community, peripheral clinics) There was no documentation of Iron dose or type in 2/3. 1/3 had documented action made within 2 weeks. 2/3 documented a Hb recheck within 2-4 weeks. All 3 had their Hb corrected by 34 weeks. None of the 3 had their Hb rechecked in labour.

Anaemia is being found and acted on. Areas for improvement include documentation of dose and type of Iron, ensuring all patients have a repeat Hb during pregnancy, and a repeat Hb check in labour for those found to be anaemic during pregnancy. Overall, our management of antenatal anaemia has improved compared to the 2018 audit.

PATIENT SATISFACTION AND COMPLICATION RATES IN AN OUTPATIENT HYSTEROSCOPY SERVICE

Clare Crowley, Noelle Gill, Minna Geisler
Cork University Maternity Hospital, Cork, Ireland

Abstract

Background

Uterine hysteroscopy is the gold standard investigation for abnormal uterine bleeding. In Cork University Maternity Hospital outpatient hysteroscopy is provided by both consultants and clinical nurse hysteroscopists. Women are provided with information leaflets and are invited to informally provide feedback. Patient acceptability and satisfaction are imperative to ensure an efficient service.

Purpose of Study

1. Examine patient acceptability and satisfaction in an outpatient operative hysteroscopy service.
2. Assess if patient satisfaction and complication rates were operator dependent, comparing clinical nurse hysteroscopists with doctors.
3. For patients who required a repeat outpatient operative hysteroscopy, did satisfaction rating change?

Methods

In this retrospective study we examined the charts of 80 women who attended the service over one year from 1st of March 2020 to the 1st of March 2021. Women were included if either an endometrial polyp or submucosal leiomyoma required removal using a Truclear device. All women had signed a consent form for the procedure. Pain ratings and satisfaction levels were also recorded.

Findings

In total 67/80 (84%) patients were satisfied with the service and would attend the service in the future. No responses were recorded for 13/80 (16%) consultations, completed by doctors. Nurse hysteroscopists completed more procedures 59/80 (74%). Satisfaction and complication rates did not differ between both groups. A further five patients required repeat outpatient hysteroscopies. For this group, satisfaction and complication ratings did not change.

Conclusion

This study found high satisfaction rates with low complication rates. Few patients required repeat procedures in our outpatient hysteroscopy department.

TORSION OF OMENTAL DERMOID TERATOMA: A RARE CASE REPORT

Sie Ong Ting, Ruth Roseingrave, Sam Coulter-Smith

Rotunda Hospital, Dublin, Ireland

Abstract

The authors present the case of a 52 year old postmenopausal woman with right sided abdominal pain on a background of a complex pelvic mass, raised inflammatory and tumour markers. Exploratory laparotomy found a torted omental dermoid cyst.

Data were collected retrospectively from a single case in a large maternity teaching hospital. Written consent was obtained, and data were stored anonymously on a password-protected computer.

The patient presented to a general hospital with worsening right sided abdominal pain for 3 days. CT abdomen-pelvis showed a 6x8x5cm right sided mass, likely ovarian in origin, suspected teratoma. She was referred to our hospital where ultrasound showed an 8.4x5.5x8.2cm right adnexal complex cyst extending above the uterus. Ovarian torsion was not suspected clinically. CA-125 was 152; CA19-9 was 1498. Exploratory laparotomy found a normal uterus, normal ovaries and fallopian tubes. A densely adherent right pelvic side wall mass was identified. Blunt adhesiolysis caused cyst rupture. The cyst was excised and washings performed. Cytology was benign, and histology showed parasitic dermoid cyst with infarction likely due to torsion.

Torted parasitic dermoid cysts are very rare. They are believed to occur through auto-amputation of a torted ovarian dermoid cyst, with re-implantation at another location, most commonly the omentum. Imaging and bloods may not distinguish between benign and malignant pathologies. The patient should be consented for laparotomy and further treatment as per intra-abdominal findings.

DEBRIEFING AFTER OBSTETRIC COMPLICATION: EMPOWERING WOMEN THROUGH EFFECTIVE COMMUNICATION. A CLINICAL AUDIT.

Aisling Redmond, Kate Sexton, Amy Carroll, Nagaveni Yuddandi

St Luke's General Hospital, Kilkenny, Ireland

Abstract

In 2020, Corbett et. Al described a rise in national caesarean section rate and drop in vaginal birth after caesarean section (VBAC). We hypothesise that lack of formal debriefing after operative delivery (OD) may contribute to the low VBAC rate and introduction of a standardised debrief form may increase VBAC in our unit.

Retrospective chart review was performed and documented evidence for debriefing postnatally was sought. Data was collated using excel. Simultaneously as part of a 'Plan, Do, Study, Act' approach, focus group discussions were introduced and identified paucity of patient-doctor debrief following OD and suitability for VBAC. Using HSE National Healthcare Communication Programme Guideline on providing information and planning, a standardised debriefing form was designed and now been introduced.

100 patients who underwent OD were included. 37 patients (37%) underwent emergency CS while the remainder (63%) were elective. 20 patients underwent instrumental delivery. Eight patients (8%) were reviewed by the primary surgeon post-operatively, and 12 (12%) had documented debrief.

Intervention

- Teaching sessions to enable doctors to debrief effectively and improve documentation.
- Standardised debriefing form to be completed by doctor in collaboration with patient prior to discharge was introduced.
- Focus group sessions led to the establishment of a dedicated postnatal virtual clinic to ensure maximal compliance with comprehensive debrief.

This study identified a need for standardised approach to debrief after OD and discussion regarding suitability for VBAC in our unit. We successfully introduced a standardised debriefing form in an effort to increase VBAC rate, a measure applicable to other organisations.

ACUTE SYMPTOMATIC HYPOCALCAEMIA DURING EMERGENCY CAESAREAN SECTION. A CASE REPORT.

Aisling Redmond, Kate Sexton, Nagaveni Yuddandi

St. Luke's General Hospital, Kilkenny, Ireland

Abstract

We aim to increase awareness of acute onset hypocalcaemia and highlight its ability to mimic eclampsia in the obstetric patient.

A 31year old multiparous lady with uncomplicated antenatal course underwent emergency caesarean section under spinal anaesthesia for fetal bradycardia. Intraoperatively, the woman reported nausea, perioral numbness and bilateral upper limb tingling. Bilateral carpal spasms and tonic-clonic seizure like activity of the upper limbs was noted. On inflation of blood pressure cuff, Trousseau's sign was elicited. ECG remained normal. After outruling eclamptic seizure, emergent ABG confirmed hypocalcaemia and IV calcium gluconate was administered with resolution of symptoms within 10 minutes. Postnatal course was uncomplicated and mother and baby were discharged 5 days postnatally as per hospital protocol.

This case highlights that while neurological hyperstimulation is a hallmarks of evolving eclampsia in an obstetric patient, it is also a hallmark of hypocalcaemia. Acute onset hypocalcaemia is a medical emergency and can present with tetany, seizures, cardiac arrhythmia or laryngospasm. Literature suggests immediate treatment with intravenous calcium in presence of neuromuscular stimulation and carpopedal spasm. Given the resolution of hypocalcaemia, normal serum PTH and clinical history of anxiety in this case, hyperventilation syndrome was a likely cause of acute onset hypocalcaemia.

This report serves to increase awareness of acute symptomatic hypocalcaemia as a differential for neurological hyperstimulation which is distinguished with ABG investigation and managed with IV calcium gluconate. By increasing awareness, we can enable prompt diagnosis and treatment and to prevent diagnostic dilemma and potentially adverse outcomes in obstetric patients.

VAGINAL BIRTH AFTER CAESAREAN SECTION (VBAC) - COMPREHENSIVE DOCUMENTATION FACILITATING VBAC IN SUBSEQUENT PREGNANCIES.

Aisling Redmond, Kate Sexton, Nagaveni Yuddandi

St. Luke's General Hospital, Kilkenny, Ireland

Abstract

We hypothesised that comprehensive documentation regarding a patient's suitability for VBAC is lacking – making it difficult to streamline women with a single previous lower segment caesarean section. The objective of this audit was to assess formal documentation of patient suitability for VBAC after single caesarean section and implement measures to ensure compliance with this.

We carried out a retrospective review of 50 patient charts focussing on documentation of suitability for VBAC or discussion with patient regarding mode of delivery in subsequent pregnancies. Data was then collated and analysed using excel.

In this cohort, 28% (n=14) underwent caesarean section for single previous CS. However, despite being suitable for VBAC as per current guidelines, there was no documentation regarding discussion on VBAC. 16% (n=8) underwent caesarean section for breech presentation. In these patients, there was no documentation regarding suitability for VBAC in future pregnancies.

There is a consensus (RCOG, NICE, ACOG) that planned VBAC is a clinically safe choice for the majority of women with a single previous lower segment CS. Literature suggests that tailoring the management of these patients in subsequent pregnancies could limit any further escalation of CS rates. This audit demonstrates inadequate formal documentation regarding suitability for vaginal birth after caesarean section. A consensus was reached that an addendum to the operative note, completed at time of CS, would ensure compliance with formal documentation of a patient's suitability for VBAC and emphasising this to woman postnatally.

BACK TO BASICS: A COMPLEX CASE OF A MULTIPLE FIBROID UTERUS. A CASE REPORT

Rachel O'Keeffe, Elizabeth Dunn

Wexford General Hospital, Wexford, Ireland

Abstract

Fibroids are the commonest benign pelvic tumour in females. They occur in nearly 50% of women over 35 years of age, with an increased prevalence during the reproductive phase due to hormone-stimulated growth. 80% of African and approximately 70% of Caucasian women will have fibroids by the age of 50.

A 49-year-old Caucasian female, P0, was admitted for elective total abdominal hysterectomy and bilateral salpingo-oophorectomy (TAH BSO) The indication was for known multiple large fibroid uterus with the largest fibroid measuring 11cm. Patient was symptomatic with pressure symptoms such as urinary frequency and abdominal distension. Medical history included depression and anxiety.

The patient had opted against medical management or GnRH analogues preoperatively due to the side effect profile. She was unable to have MRIs as she had previously had back surgery for scoliosis (spinal fusion T3-L3). This out-ruled uterine artery embolization as a management option.

Preoperative checks including vital signs were normal. Haemoglobin was 11.9. TAH BSO proved to be a difficult and complex procedure due to the multiple large fibroids. Multiple fibroid enucleations were performed to gain access to the uterus, vagina, and cervix. Estimated blood loss was 1.5litres. Postoperative haemoglobin was 8.5. Patient spent 24hours in HDU for monitoring given the significant blood loss. Patient recovered well and was discharged home day 4. She is currently being followed up in the outpatient clinic and we are awaiting histology results.

We discuss the complexity and uniqueness of this surgical case and the current treatments for uterine fibroids.

STRUMA OVARIII (SO): TWO CONTRASTING CASES OF A RARE OVARIAN TERATOMA.

Aisling Redmond, Sarah McDonnell, Claire Thompson, Ann Treacy

Mater Misericordiae University Hospital, Dublin, Ireland

Abstract

We report two cases of SO, describing the clinicopathological features, treatment and management in each case. We aim to increase awareness of SO and highlight it's ability to mimic malignancy.

Patient X is a 61yo lady who presented with urinary retention. MRI demonstrated 11cm complex cystic lesion within the pelvis with internal nodular enhancement, T1 hyperintensity and T2 hypointensity. Ca125 was 43. Concerning for malignancy, MDT decision was for radical hysterectomy, removal of adnexa and omentectomy. Patient Y is a 16yo who presented with pelvic pain and distension. MRI demonstrated a 19cm multiseptated ovarian mass with mixed signal intensity extending into upper abdomen. Ca125 was 66. Patient Y underwent fertility sparing salpingoophorectomy and cystectomy. Histopathological assessment described SO in both cases. Post-operative course was uncomplicated and both cases were referred to ENT to outrule thyroid pathology.

SO is a rare monodermal ovarian teratoma, characterised by thyroid tissue composition of >50%. Accounting for <1% of all ovarian tumours and < 5% of ovarian teratomas, SO is a largely benign disease with less than 5% of cases being malignant. Literature describes a peak incidence between 4th and 5th decade of life, with non-specific presentation. Typical MRI appearance of multiple cystic areas with low signal intensity on T2 weighted imaging and intermediate signal intensity on T1. We hypothesise that by increasing awareness and encouraging description of these rare cases, a standardised approach to diagnosis and management could be codified and prevent radical treatment in future cases.

POST-PARTUM HAEMORRHAGE - IDENTIFIABLE RISK FACTORS IN A LARGE OBSTETRIC CENTRE IN IRELAND.

Aisling Redmond, Kate Sexton, Nagaveni Yuddandi

St. Luke's General Hospital, Dublin, Ireland

Abstract

Primary postpartum haemorrhage (PPH) is a major cause of maternal mortality and morbidity worldwide. PPH incidence is 13.8%, but recent evidence confirms that rates of PPH are rising drastically. Majority of PPH occur in the absence of an antenatal risk factor, making the identification of at risk mothers difficult. In this study, we aim to identify the common risk factors for PPH in our patient cohort in order to reduce rates in the future.

A retrospective review of major PPH (>1000ml blood loss within 24 hours of delivery) for the year 2020 was performed. Anonymous chart analysis identified patient demography and risk factors, and this data was collated using excel. Risk factors were identified in accordance with RCOG Greentop Guideline no. 52.

43 patients were identified. Severe PPH (>2000mls) occurred in 26% (n=11). Average maternal age was 32 (16 – 45) with an average BMI 28 (17 – 47). 22 women (51%) were primiparous. 19 women (44%) were delivered vaginally, of which 80% were operative. A risk factor of PPH was identified in 81% (n=35) of patients, with trauma accounting for 47% (n=20). Large for gestational age infant (n=7) and abnormal placentation (n=6) were the most common antenatal risk factors identified.

PPH continues to contribute significantly to maternal morbidity in our centre. In keeping with literature reports, significant risk factors in our centre included trauma, abnormal placentation and large for gestational age infant. With the results of this review, we hope to reduce rates of major PPH in our centre.

IGG4 RELATED DISEASE, MIMICKING CERVICAL MALIGNANCY. A CASE REPORT.

Aisling Redmond, Anna Booth, Kate Glennon, Ruaidhri McVey, Ann Treacy

Mater Misericordiae University Hospital, Dublin, Ireland

Abstract

We aim to address a paucity of knowledge and data regarding IgG4 related disease (IgG4RD) and highlight its ability to mimic cervical cancer.

79yo female presented with post-menopausal bleeding. CT-TAP demonstrated a bulky uterine cervix with internal cystic components and lung nodule. MRI characterised a 5cm cervical tumour involving left parametrium with uptake in cervix, porta hepatis, pelvic and thoracic lymph nodes on PET-CT. Histology demonstrated necroinflammatory tissue with foreign body giant cells, histiocytes and atypical squamoglandular cells. While findings were suspicious for malignancy, overt features of invasive carcinoma were not identified.

Radical chemoradiation was considered after axillary nodes sampling. Biopsies demonstrated mild, follicular and interfollicular hyperplasia. Steroid therapy was commenced and chemoradiation deferred. Restaging scans demonstrated no interval progression and near-resolution of cervical and lung mass on steroids. Repeat biopsy confirmed IgG4 cervical mass. Serum IgG4 was raised (3.2) and no auto-antibodies found. Patient responded to steroids and rituximab and is for expectant management.

IgG4RD is a rare disorder characterised by raised serum IgG4 and mass like tissue infiltration by IgG4-positive plasma cells and is associated with auto-immune conditions. Presence of anti-nuclear antigen, rheumatoid factor and responsiveness to steroid treatment suggests auto-immune etiology. Literature describes potential to involve every organ system, with one case of uterine involvement and no previous cases of cervical IgG4 disease described.

IgG4RD can mimic malignancy and with non-specific imaging findings, tissue diagnosis is essential to avoid radical therapy. We hope to increase awareness of IgG4RD and describe the first case of cervical involvement.

IGG4 RELATED DISEASE, MIMICKING CERVICAL MALIGNANCY. A CASE REPORT.

Aisling Redmond, Anna Booth, Kate Glennon, Ruaidhri McVey, Ann Treacy

Mater Misericordiae University Hospital, Dublin, Ireland

Abstract

We aim to address a paucity of knowledge and data regarding IgG4 related disease (IgG4RD) and highlight its ability to mimic cervical cancer.

79yo female presented with post-menopausal bleeding. CT-TAP demonstrated a bulky uterine cervix with internal cystic components and lung nodule. MRI characterised a 5cm cervical tumour involving left parametrium with uptake in cervix, porta hepatis, pelvic and thoracic lymph nodes on PET-CT. Histology demonstrated necroinflammatory tissue with foreign body giant cells, histiocytes and atypical squamoglandular cells. While findings were suspicious for malignancy, overt features of invasive carcinoma were not identified.

Radical chemoradiation was considered after axillary nodes sampling. Biopsies demonstrated mild, follicular and interfollicular hyperplasia. Steroid therapy was commenced and chemoradiation deferred. Restaging scans demonstrated no interval progression and near-resolution of cervical and lung mass on steroids. Repeat biopsy confirmed IgG4 cervical mass. Serum IgG4 was raised (3.2) and no auto-antibodies found. Patient responded to steroids and rituximab and is for expectant management.

IgG4RD is a rare disorder characterised by raised serum IgG4 and mass like tissue infiltration by IgG4-positive plasma cells and is associated with auto-immune conditions. Presence of anti-nuclear antigen, rheumatoid factor and responsiveness to steroid treatment suggests auto-immune etiology. Literature describes potential to involve every organ system, with one case of uterine involvement and no previous cases of cervical IgG4 disease described.

IgG4RD can mimic malignancy and with non-specific imaging findings, tissue diagnosis is essential to avoid radical therapy. We hope to increase awareness of IgG4RD and describe the first case of cervical involvement.

MANAGEMENT OF MAJOR POSTPARTUM HAEMORRHAGE: A RETROSPECTIVE REVIEW

Kate Sexton¹, Aisling Redmond¹, Khalid Ali², V Yuddandi²

¹National Maternity Hospital, Dublin, Ireland. ²St Lukes Hospital, Kilkenny, Ireland

Abstract

Primary postpartum haemorrhage (PPH) is the most common cause of major obstetric haemorrhage, occurring in over 13% of deliveries in the UK. Effective recognition and team management of PPH is essential to improving maternal outcomes.

We aimed to analyse the recognition and management of major PPH in our unit in order to guide the development of a major obstetric haemorrhage protocol.

We carried out a retrospective analysis of all cases of major PPH for the year 2020 in our unit. We recorded time to diagnosis, interventions used in management and the documented cause in all cases. Greentop guideline no.52 on prevention and management of PPH was used as audit standard.

42 patients were included. Severe PPH (>2000mls) occurred in 33%. Active management of third stage of labour was carried out in 96% of cases, with further uterotonics required in 50%. Consultant obstetrician was called to attend in 64% of cases. Surgical management was used in 13%. Blood transfusion was required in 93%. A cause of PPH was identified in 93% of patients, with trauma accounting for the majority of cases.

Effective diagnosis and team management of PPH is of paramount importance in improving maternal outcomes. Standardised management with multidisciplinary involvement has been shown to reduce the incidence of PPH and improve maternal morbidity and mortality. The implementation of a major obstetric haemorrhage protocol aids recognition and effective management of PPH, ensuring optimal patient care.

AN AUDIT TO ASSESS KEY QUALITY INDICATORS FOR ADVANCED OVARIAN CANCER SURGERY FROM THE EUROPEAN SOCIETY OF GYNAECOLOGICAL ONCOLOGY(ESGO) AT A TERTIARY GYNAECOLOGICAL ONCOLOGY REFERRAL CENTRE

Ruairí Floyd^{1,2}, Sofia Nazir^{1,2}, Samuel Hunter^{1,2}, Celine Ovaere^{1,2}, Catherine O'Gorman^{1,2}, Patrick Maguire^{1,2}, Feras Abu Saadeh^{1,2}, Waseem Kamran^{1,2}, Noreen Gleeson^{1,2}, James Beirne^{1,2}

¹*SJH Gynaecological Cancer Care Centre, Gynaecology Department, St. James's Hospital, Dublin, Ireland.*

²*Department of Obstetrics and Gynaecology, School of Medicine, Trinity College Dublin, Dublin, Ireland*

Abstract

ESGO established quality indicators (QIs) for advanced ovarian cancer surgery to standardise clinical practice. QI-1 recommends optimal complete resection rate target of >65% and minimum required target of >50%. QI-8 recommends structured operative notes including size and location of disease at operation beginning and end with detailed anatomical survey with a minimum target of 90%.

-

We aimed to assess our complete resection rate and the effect of an operation note template introduction in July 2021 in improving structured operation documentation.

-

We conducted an initial audit to analyse patients who underwent cytoreduction for advanced ovarian cancer prior to July 2021. We then re-audited this patient post introduction of the operation note performa. The electronic medical record was used to gather data.

-

100 patients were randomly selected from 2016 to July 2021. 92% of patients had a documented complete R0 resection (QI-1). 43% of patients had a structured operation note (QI-8). A re-audit of QI-1 and QI-8 from 12/7/2021 to 29/9/2021 of 26 patients after introduction of the template. The re-audit revealed 80.8% of these patients had structured operation notes and 84.6% had R0 resection.

-

Our complete resection rate meets ESGO QI-1 standard whereas our QI-8 operative documentation failed to reach ESGO's target. The introduction of an operative template has improved operation note structure. We plan to conduct teaching on this document and implement the online document prior to re-audit in 1 year with additional audit of concordance with ESGO QIs 1-10.

Twenty Years in Outcomes of Uterine Rupture

Aoife McEvoy^{1,2}, Gillian Corbett^{2,1}, Ciara Nolan³, Ronan Daly¹, Shane Higgins², Fergal Malone³, Michael O'Connell¹, Mark Hehir¹, Jennifer Walsh²

¹Coombe Women and Infants University Hospital, Dublin, Ireland. ²National Maternity Hospital, Dublin, Ireland. ³Rotunda Hospital, Dublin, Ireland

Abstract

Background:

Uterine rupture is associated with significant maternal and neonatal morbidity and mortality. While more common in setting of a uterine scar, rare occurrence makes meaningful analysis of predisposing factors and clinical outcomes challenging.

Purpose of Study:

This study aimed to determine predisposing factors, maternal and neonatal outcomes in patients with uterine rupture.

Study Design and Methods:

A retrospective study was performed on all cases of uterine rupture at three tertiary centres from 2000-2019, identified using annual clinical reports and HIPE systems. Cases were divided into scarred and unscarred uteri. Maternal factors and neonatal outcomes were compared. Analysis was performed to examine for predisposing factors.

Findings of the Study:

125 cases of uterine rupture were identified (95 scarred, 30 unscarred). Major Obstetric Haemorrhage was more likely in un-scarred uterine rupture (56.7%vs20.0%,OR 5.23(2.17-12.61)). There was no differences in perinatal mortality{13.3%vs10.5%,OR 1.3(0.38-4.52)}, Low-Apgars{30.0%vs26.3%,OR1.2(0.49-2.97)}, Low-cord-pH<7{30.0%vs21.1%,OR1.61(0.64-4.04)} or NICU admission {43.3%vs38.5%,OR1.31(0.57-3.02)}. Unscarred uterine rupture location was most likely to be posterior(26.7%vs2.1%,OR17.3,3.4-87.1) or lateral(36.7%vs10.3%,OR5.0,1.9-13.6). 69.3%(87/127) of uterine ruptures were not suspected clinically. Most cases occurred in the absence of prostaglandin (96.0%,122/127) or oxytocin (60.6%,50/127). Interestingly, 26.8% of all cases had history of pelvic inflammatory conditions (endometriosis, previous laparoscopies or pelvic infection).

Conclusions:

This is the largest study on uterine rupture in the literature. Major obstetric haemorrhage is significantly higher in unscarred uterine rupture. No major difference was found in neonatal outcomes. This study highlights new evidence around inflammatory pelvic processes increasing susceptibility to uterine rupture.

AUDIT OF INFORMED CONSENT FOR ELECTIVE AND EMERGENCY CAESAREAN SECTION

Kate Sexton¹, Aisling Redmond¹, N Yuddandi²

¹National Maternity Hospital, Dublin, Ireland. ²St Lukes Hospital, Kilkenny, Ireland

Abstract

The process of informed consent for caesarean section is of paramount importance due to the increasing rates of caesarean section worldwide. The provision of evidence based information is vital when consenting patients for operative delivery and should be delivered in a clear, concise and standardised manner.

We aimed to analyse the process of consent for caesarean section in a large Irish obstetric unit and develop a standardised consent form specific to caesarean section.

This was a retrospective review of 50 consent forms, analysis of documented risk factors and comparison with recommended guidelines. Findings were used in the design of a consent form specific to caesarean section.

The indication for delivery was documented in 88% (44/50) of cases. Infection and haemorrhage were well documented risks, documented in 90% (45/50) and 92% (46/50) respectively. The increased risk of repeat caesarean with trial of vaginal delivery in subsequent pregnancies was documented in 2% (1/50). Serious complications including bowel/bladder injury and venous thromboembolism were documented in 80% (40/50) and 36% (18/50) of cases respectively. The potential need for management with blood transfusion was documented in 48% (24/50) of cases.

The use of generic theatre consent forms in obtaining informed consent for surgical procedures can lead to a high degree of variability in the information provided to patients. A consent form developed specifically for caesarean section ensures this information is provided in a clear and consistent manner.

AN AUDIT OF THE IMPACT OF ROUTINE HEPATITIS C SCREENING IN PREGNANCY.

Róisín Gryson, Mairead Lawless, Richard Drew, Maeve Eogan

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

Abstract

Hepatitis C (HCV) is an infectious disease which is commonly asymptomatic. The rate of vertical transmission is 3-7%, and currently no interventions are proven to reduce this. The estimated national seroprevalence of HCV is 0.5-1.2%. While a minority will spontaneously clear infection, most (75-80%) become chronically infected. New directly acting antiviral agents have improved the prognosis for people with HCV, achieving a high rate of viral clearance. While these are not currently approved for use in pregnancy, identification of women with HCV in pregnancy can ensure postnatal treatment to optimise long term health. Until October 2021, only women with known risk factors for HCV were screened antenatally, but in view of the availability of effective postnatal treatment, universal screening has now been introduced.

To determine the impact of routine HCV screening at the antenatal booking visit.

To review the number of booking visits and HCV screens performed in October 2020 and the rate of positivity compared with data from October 2021 following the introduction of routine screening at booking visit.

Data collection currently in progress

The aim of screening women in pregnancy for HCV is to diagnose the condition during a patients' initial pregnancy allowing for disease eradication and improvement of maternal and fetal health outcomes in subsequent pregnancies. This study will assess implementation and results of this new screening regime.

Risk Factors Associated with Obstetric Anal Sphincter Injury

Cathy Rowland, Maeve Eogan

The Rotunda, Dublin 1, Ireland

Abstract

BACKGROUND

Obstetric anal sphincter injury (OASI) rates in Ireland range from 0.7-2.9%. A number of risk factors have previously been identified including primiparity, induction of labour (IOL), operative vaginal delivery (OVD) and macrosomia.

AIMS

To identify risk factors among the women who sustained OASI in the Rotunda when compared with women who did not and to optimise the antenatal education and counselling we provide to women attending the Rotunda Hospital.

METHODS

Data on all women who sustained 3rd and 4th degree tears in 2020 was prospectively collated and retrospectively reviewed. Data from hospital weekly activity reports was obtained and used for comparison.

FINDINGS

Women who sustained OASI were more likely to be nulliparous, have an IOL, an OVD, and a higher birth-weight (but not macrosomic) baby than those who did not. Although more women who had OASI were not induced. Women with OASI were no more likely to have epidural analgesia. The overall episiotomy rate for women who had OASI was 47%, however only 10 of 67 women (14%) who had SVDs complicated by OASI had an episiotomy. Occiput-posterior (OP) position occurred in 11% of women.

CONCLUSION

While the overall rate of OASI in 2020 was low at 2%, given these risk factors, and the fact that 1 in 5 women will be delivered by operative vaginal delivery, embedding this information in antenatal education should be considered. Education on evaluation of the perineum for episiotomy during unassisted vaginal deliveries could also mitigate the risk of OASIs.

A REVIEW OF IRISH OBSTETRICS AND GYNAECOLOGY GUIDELINES: FOCUSING ON ACCEPTANCE, INTEREST, BARRIERS AND FACILITATORS AMONGST DOCTORS

Clare Crowley¹, Ramya Baskaran², Nicolai Murphy³, Keelin O'Donoghue^{1,3,4}

¹Cork University Maternity Hospital, Cork, Ireland. ²University College Cork, Cork, Ireland. ³The National Women and Infants Health Programme, HSE, Cork, Ireland. ⁴The Irish Centre for Fetal and Neonatal Translational Research (INFANT), UCC, Cork, Ireland

Abstract

Background:

The National Women and Infants Health Programme (NWIHP), in conjunction with the Institute of Obstetricians and Gynaecologists (IOG) and the Royal College of Physicians of Ireland (RCPI), has recently re-established the development of National Clinical Practice Guidelines in Ireland. Current Clinical Practice Guidelines require review and updating, and new guidelines need to be commissioned.

Purpose:

To establish acceptance and adherence to current guidelines, by identifying barriers and facilitators around guideline dissemination and implementation.

Study Design & Methods:

Following ethical approval, this national survey consisting of 20 questions, formatted on Qualtrics, was emailed by the IOG to doctors-in-training. Data were collected prospectively over one month. Participants were sent one reminder email during the study period. Anonymity was maintained.

Findings:

In total 81/145 (56%) doctors-in-training responded to the survey. Respondents tended to be younger (n=39 [59%] aged 30-39 years), females (n=55 [83%]) working as specialist registrars (n=31 [47%]). Participants sometimes (n=28 [43%]) accessed Irish guidelines and 29 (48%) regularly changed practice based on guideline recommendations. Barriers to guideline acceptance included: outdated guidelines (n=31), non-specific recommendations (n=23) and hospital adoption of alternative guidelines (n=36). Facilitators identified to improve accessibility were availability of mobile phone applications (n=36), summary documents (n=30) and online guidelines database (n=26).

Conclusion:

This national survey represents an important starting point to evaluate perceived barriers, and facilitators among doctors before reviewing and updating these guidelines. Future national surveys will be developed and distributed to midwives and allied healthcare professionals to establish these groups interest in current clinical guidelines.

INDUCTION OF LABOUR: AN AUDIT OF INDUCTION PRACTICE AND OBSTETRIC OUTCOMES

Amy Worrall, Ciara Nolan, Fiona Keogh, Etaoin Kent

Rotunda Hospital, Dublin, Ireland

Abstract

A key performance indicator of maternity care provided is induction of labour (IOL) and associated outcomes. Following high levels of clinical activity on the prenatal and labour wards early this year we reviewed IOL practice to assess standards and outcomes.

To evaluate IOL practice over a three month period and investigate obstetric outcomes between primiparous and multiparous women.

Retrospective audit of all inductions of labour between February and April of 2021 was completed. Patient parity, gestation, indication for induction, mode of induction, membranes status, length of stay and delivery outcome were recorded.

Complete medical records were audited of 238 IOLs during the study period. 53% of women were primiparous (n=127). For initial method of induction amongst primiparous women: 54% (n=68) had a Propess, 17% (n=22) Prostaglandin gel (PGE), 5.5% (n=7) had a cold artificial ROM, 4.7% (n=6) had Dilapan insertion for mechanical dilation. Average length of stay amongst primips receiving Propress was 38 hours, in PGE was 26 hours and in Dilapan was 39 hours. Among multiparous mothers average length of stay was 26 hours after Propress, and 20.5 hours after PGE. Mode of delivery outcomes were not statistically different between IOL groups amongst primiparous women.

Outcomes between primiparous and multiparous groups were similar. The vast majority of multiparous women were likely to have a vaginal or operative delivery if induced. The induction pathways in our institution were in line with local and national guidelines. Length of stay was shorter among multips in comparison to primips.

A RETROSPECTIVE STUDY OF VARIATION IN PRESCRIBING PRACTICES FOR THE PREVENTION OF POSTOPERATIVE PAIN, NAUSEA AND VOMITING AND CONSTIPATION IN PATIENTS UNDERGOING ELECTIVE HYSTERECTOMY AT ST JOHN OF GOD SUBIACO HOSPITAL

Sarah Kelly^{1,2}, Miranda Quenby², Tomas Corcoran², Steve Webb², Paul Cohen²

¹Obstetrics and Gynaecology, National Maternity Hospital, Dublin, Ireland. ²St John of God Subiaco Hospital, Perth, Australia

Abstract

Benefits of Enhanced Recovery after Surgery (ERAS) guidelines include shorter length of hospital stay, reduced hospital cost and lower morbidity and mortality after surgery. Adequate analgesia, and prevention of post-operative nausea and vomiting (PONV) and constipation are key components of ERAS pathways. However, in the absence of strict protocols, physicians may choose strategies based on their own particular preferences which can lead to considerable variation.

The primary objective of this study was to assess variation in prescribing to prevent postoperative pain, PONV and constipation amongst patients undergoing elective hysterectomy at St John of God Subiaco Hospital (SJGSH).

A retrospective medical record review was undertaken of patients undergoing hysterectomy at SJGSH over a three-month period.

Seventy-nine patients underwent hysterectomy during the study period, the majority were laparoscopic (85%). The mean age was fifty years old, mean procedure duration 106 minutes and average length of hospital stay was 2.5 days. All patients had a multimodal intraoperative analgesic regimen comprising simple analgesics and opioid-based analgesics. Regional anaesthesia was less common (6%). The most significant variation observed was those who received Paracetamol (53%), Ketamine (24%), Morphine (43%) and Lignocaine infusions (23%) intra-operatively. To prevent PONV, 90% had Dexamethasone at induction, however only 47% had Propofol total intravenous anaesthesia (TIVA). The most commonly prescribed anti-emetic intra-operatively was Granisetron (47%) and post-operatively was Ondansetron (100%). All patients received regular laxatives post-operatively.

We observed considerable variation in prescribing practices. Further prospective studies are needed to generate evidence to optimise perioperative management for patients undergoing hysterectomy.

Results of the audit “Provision of venous thromboprophylaxis (VTP) in Pregnancy and the Puerperium,” and associated challenges faced to implement quality action plan

Nusrat Batool Janjua¹, Humaira Tabassum², Suhaib Akhtar Birmani²

¹University Hospital, Waterford, Waterford, Ireland. ²Wexford General Hospital, Wexford, Ireland

Abstract

The aim of the audit was to compare the clinical practice of VTP for reducing the risk of Venous Thromboembolism (VTE) during Pregnancy and the Puerperium between 01/11/2020 and 31/12/2020 in Wexford General Hospital with RCOG Guideline “Reducing the Risk of VTE during Pregnancy and the Puerperium” and improve quality of care.

Among study participants, 20 were antenatal and 20 were postnatal. The mean BMI was 30 Kg/m². Two patients (early transfer homes) were not assessed for thromboprophylaxis. Five patients were underscored for VTE risk stratification (one antenatal inpatient Para 3, 36 years old, and two postnatal vaginal deliveries with BMI above 30Kg/m²). All the patients who received 6 weeks thromboprophylaxis fulfilled the criteria according to the guidelines. The quality improvement plan suggested that the postnatal early transfer homes should be assessed for thromboprophylaxis, which was easy to implement. The main challenge was that obstetric teams were not keen on VTP in antenatal patients with a VTE risk of 3 and more and postnatal women with a VTE risk of 2 after a vaginal delivery. Some patients were reluctant to take it due to its cost. We developed and implemented a local protocol and a further audit is underway to see its effects.

TRENDS IN MALE INFERTILITY IN THE IRISH SUBFERTILE POPULATION FROM 1990-2020

Narayani Mukerji¹, Cian Foley², Chloe Macauley², Rachel Cormack², Nadine Farah²

¹School of Medicine, University College Dublin, Dublin, Ireland. ²Coombe Women and Infants University Hospital, Dublin, Ireland

Abstract

Previous systematic reviews report declines in sperm count worldwide over the last fifty years.

The objective of this study was to determine the trends in sperm analysis data from the years 1990, 2000, 2010, and 2020 in the Irish subfertile population.

Semen analysis data of males presenting for fertility assessment to the Coombe Women and Infants University Hospital, Cork Street, Dublin 8, Ireland in the years 1990 (n=212), 2000 (n=381), 2010 (n=201) and 2020 (n=120) were evaluated, where normal values were based on those laid out by the WHO laboratory manual for the examination and processing of human semen, sixth edition, 2021.

Over the time course of the samples analysed, there is an increasing number of males with a decreasing sperm concentration. In 1990, 35% of the sample population had a sperm concentration of over $100 \times 10^6/\text{ml}$, however, this was 23% in 2000, 14% in 2010 and 16% in 2020. Concurrently, the average sperm concentration also showed an overall decrease in trend, at $82 \times 10^6/\text{ml}$ in 1990, $65 \times 10^6/\text{ml}$ in 2000, $48 \times 10^6/\text{ml}$ in 2010 and $61 \times 10^6/\text{ml}$ in 2020. Sperm morphology data were available for 2010, where over 81% of samples were of normal morphology, and for 2020, where there was a reduction to 62.5% of samples being of normal morphology.

An overall decrease in sperm count and sperm with normal morphology is seen, however a larger sample size including males in the general population and investigating every single year will provide us with more information about the trends in Irish male infertility.

CESAREAN SCAR PREGNANCY LETTERKENNY UNIVERSITY HOSPITAL (LUH) EXPERIENCE

ASHRAF ATIA DWIDAR¹, MONA ALI FAHMI DOWIDAR²

¹LETTERKENNY UNIVERSITY HOSPITAL, LETTERKENNY, Ireland. ²CAIRO UNIVERSITY HOSPITAL, CAIRO, Egypt

Abstract

The increase in primary cesarean deliveries resulted in high rates of repeat cesarean deliveries and worsening maternal morbidity including a higher rate of cesarean scar ectopic pregnancy (CSP) which be defined as implantation into the myometrial defect caused by a previous uterine incision. It can carry very serious consequences, including haemorrhage, abnormal placentation, and uterine rupture.

Our observational study was done to record the outcome for all cases of (CSP) presented and managed in LUH from 10-7-2018 to 1-1 2020. Clinical, serological and ultrasound data for diagnosis and treatment including short term follow up were taken as measured outcome

Five cases with confirmed (CSP) were diagnosed in our hospital during the period mentioned above, age of pregnant ladies (24 to 38) years old, parity range 2 to 4, previous caesarian sections ranged between 1 to 3, gestational age at diagnosis ranged between 6 weeks plus 5 days to 12 weeks plus 4 days, an early transvaginal scan showed positive heart rate in 4 out of 5 patients, BHCg ranged between 2430 Miu/ml to 24560 Miu/ml, transvaginal scan used in the diagnosis of all case except one where MRI was requested for confirmation of diagnosis, tertiary referral for second opinion was done to all cases , treatment was ultrasound-guided uterine curettage in 2 cases, hysteroscopy and uterine curettage and methotrexate in one patient and hysterectomy in 2 patients

This study highlights the importance of a high index of suspicion, the importance of correct early imaging modality for diagnosis.

REFERENCES;RCOG

FROM REFERRAL TO RECOVERY - A REVIEW OF THE MANAGEMENT OF POSTMENOPAUSAL BLEEDING IN PORTIUNCULA HOSPITAL

Mona Abdelrahman, Madeleine Robinson, Marie Christine de Tavernier

Portiuncula Hospital, Ballinasloe, Ireland

Abstract

Postmenopausal bleeding (PMB) is one of the most common referrals to gynaecological services, principally due to suspected underlying endometrial pathology, with a risk of 10% for endometrial cancer.

We sought to audit our unit's performance in line with the HSE guideline for assessing PMB with respect to timelines for investigation, diagnosis and management of patients with endometrial cancer and complex atypical hyperplasia.

The Portiuncula Hospital (PUH) histology database was reviewed retrospectively to identify all patients with a confirmed diagnosis as outlined above between January- July 2021. Medical case notes were reviewed for each patient and key timelines were ascertained with respect to their referral, investigation, diagnosis and management.

Eight patients were identified and diagnosed with the above histological diagnoses between January- July 2021 in PUH. The majority (87.5%) were referred to University College Hospital Galway (UCHG) for definitive surgical treatment. Days from referral to outpatient review ranged from 10-45 days, referral to histological diagnosis 28-108 days and referral to definitive treatment 42-157 days.

PUH is compliant with the HSE guideline in investigation and management of PMB. There is room for improvement in the key timelines outlined above. However, the Covid-19 pandemic caused a delay in some appointments, and therefore definitive histological diagnosis and treatment for some patients. In general, a one-stop outpatient clinic offering ultrasound, hysteroscopy and biopsy could ensure the timely investigation and diagnosis of postmenopausal patients presenting with symptoms concerning for endometrial pathology.

DERANGED LIVER FUNCTIONS TESTS(LFTS) IN PREGNANCY

SHAZIA BABUR, MAEVE MOORE, TOM O'GORMAN

UNIVERSITY HOSPITAL GALWAY, GALWAY, Ireland

Abstract

Pregnancies with non-alcoholic fatty liver disease (NAFLD) nearly tripled from 10.5/100,000 pregnancies in 2007 to 28.9/100,000 in 2015 in a study conducted in the United States. Women with a history of gestational diabetes (GBM) have an increased risk of NAFLD.

Our case report was focused on a 39 year old caucasian lady, parity 2 with 4 previous miscarriages. She presented to clinic for bloods at 28 weeks due to previously deranged LFTs in her first and second pregnancies. She was found to have deranged transaminases and these gradually worsened as her pregnancy progressed.

On review of her past obstetrics history she had deranged LFTs for two previous pregnancies with associated pre term births. Additionally, she had GBM in her current pregnancy. Her ultrasound (US) liver showed a 'starry sky' appearance. Her blood pressure, urinalysis and bloods remained normal for the duration of her pregnancy.

Causes for deranged LFTs were excluded, including pregnancy causes (hyperemesis gravidarum, pre-eclampsia and intrahepatic cholestasis of pregnancy) and viral/liver causes were also excluded. Our patient had a spontaneous rupture of membranes at 36 & 6, her third pre term delivery.

NAFLD in pregnancy has nearly tripled in the last decade. Having NAFLD during pregnancy is associated with increased risk of gestational diabetes, pre-eclampsia and pre term births. High risk obstetric management among women with NAFLD in pregnancy may need to be considered in the future and NAFLD should be considered as a differential diagnosis in women with deranged LFTs in pregnancy.

SUSPECTED SERTOLI-LEYDIG CELL TUMOUR – A CASE REPORT

David Synnott, Rebecca Hunter, John Coulter

CUMH, Cork, Ireland

Abstract

Sertoli-Leydig cell tumours are rare ovarian tumours, representing less than 0.5% of ovarian tumours. These tumours belong to the group of sex-cord stromal tumours. Most are unilateral and confined to the ovaries and typically seen in the second and third decade of life. Sertoli-Leydig cell tumours are characterised by the presence of testicular structures that produce androgens, resulting in many patients having symptoms of virilisation (Tandon, et al., 2007). We present a case of a woman with features suggestive of a Sertoli-Leydig cell tumour and the complications associated with same.

A 43-year-old woman was seen in clinic with symptoms suggestive of hyperandrogenism. She has a background history of male pattern baldness, hirsutism of her face, which she shaves, and a deep voice. These symptoms have been ongoing for greater than 10 years and are becoming more bothersome, having a particularly strong impact on her mental health. She is also experiencing complications related to prolonged hyperandrogenaemia, including irregular PV bleeding, hypercholesterolaemia and diabetes mellitus.

An MRI pelvis found evidence of a right sided ovarian mass, which in the context of this patient's signs and symptoms we suspect may be a Sertoli-Leydig cell tumour of the ovary. This patient refused surgery for this cyst for a prolonged period, however, now has decided to proceed with treatment, as she is finding the sequelae of hyperandrogenaemia problematic. We are hoping this surgery will give histological evidence of a Sertoli-Leydig cell tumour and may help reduce the burden of disease for our patient.

A case of ovarian torsion in a transgender male.

Jacqui Clifford

Royal College of Surgeons Ireland, Ireland, Ireland

Abstract

A case of ovarian torsion in a transgender male

Presentation:

Gender dysphoria describes the distress in those who experience a discordance between their biological sex and gender identity.¹ This case focuses on a 17 year old transgender male Mary 'Leo' who was BIBA to a hospital with a 6 day history of left lower quadrant pain.

Diagnosis:

Ultrasound imaging revealed a cystic mass which at laparoscopy was confirmed as ovarian in origin. The left ovary and fallopian tube were noted to be infarcted and a left oophorectomy and salpingectomy was performed.

Outcome:

For many woman, the thought of losing an ovary, a fundamental component of the female anatomy is a psychologically challenging and traumatic concept.² However in this case, such an outcome was met with enthusiasm as 'Leo' viewed it as one step closer to gender and sex concordance.

Conclusion:

- The transgender community represents a growing network within the Irish population.³
- Gynaecologists can play an imperative role in the care of a transgender male, in particular those who retain their pelvic organs.⁴
- Delay or failure to consider serious female gynaecological conditions in those who present physically as a male could have devastating outcomes and may contribute to the increased morbidity and mortality in the transgender community.⁵
- It is therefore essential that gynaecologists along with all healthcare professionals receive adequate training to equip them in dealing with their healthcare needs in a culturally sensitive and competent manner.⁶

PERINATAL SUBSTANCE ABUSE, FALLING THROUGH THE CRACKS?

Jill Mitchell, Orla Keenan, Antonious Fakhoury, Darragh Fitzgerald, Mas Mohamed, Mendinaro Imcha

University Maternity Hospital Limerick, Limerick, Ireland

Abstract

Ireland is ranked in the top five countries for prevalence of gestational alcohol use and fetal alcohol syndrome(1). The National Maternity Strategy(2) and the National Drugs Strategy(3) have endorsed the role of Drug Liason Midwife (DLM). DLMs are currently only appointed in Dublin hospitals.

To explore the knowledge and attitudes of healthcare professionals towards perinatal substance abuse (PSA) so that we can identify knowledge gaps in order to enhance care and reduce stigma.

Cross-sectional study using questionnaires to survey healthcare professionals working in tertiary maternity unit (n=172).

75.6% (n=130) were not confident in the antenatal management and 67.5% (n=116) did not know the postnatal management. 53.5% (n=92) did not know the referral pathway. 32% (n=55) did not know when to make a TUSLA referral. 61.6% (n=106) did not know the indications for toxicology screens. 96.5% (n=166) felt that they would benefit from further training. 94.8% (n=163) agreed or strongly agreed that the unit would benefit from a DLM. 35.5% (n=61) agreed or strongly agreed that women affected by PSA are more concerned with themselves than their babies. 54.1% (n=93) agreed or strongly agreed that PSA should be considered a form of child abuse. 48.8% (n=84) feel angry at mothers when they hear about the effects on infants. 58.7% (n=101) believe that the mother is responsible for damage done to her child.

Our study highlighted the urgent need for increased staff training and education. It is imperative that DLMs and dedicated clinics are introduced to all Irish hospitals.

Infected endometrioma with air locules following egg retrieval.

Eimear Mc Sharry¹, Niamh Maher²

¹MRHP, Portlaoise, Cyprus. ²MRHP, Portlaoise, Ireland

Abstract

A 34year old nulliparous lady undergoing infertility treatment presented with a 10 day history of abdominal pain, nausea, vomiting, diarrhoea and fever following egg retrieval, on a background history of endometriosis. Inflammatory markers were raised on admission (WBC17, CRP 408). She was treated with Tazocin and Gentamicin. CT Abdomen and Pelvis showed a right adnexal cystic lesion measuring 94mm, reported as possibly endometrioma/ abscess with associated right renal pelvis dilation. The patient responded to antibiotics and was discharged on a ten day course of oral Co- Amoxiclav with a plan for laparoscopic drainage of endometrioma in the tertiary centres three weeks later. However, she represented to the peripheral unit two weeks later with abdominal pain, nausea, vomiting, diarrhoea and fever. Readmission bloods; WBC34, CRP 382, Creatinine 126. IV Clindamycin and Gentamicin were commenced. She developed a pyrexia of 39.2'C 24 hours later. Subsequently she developed sudden onset severe lower abdominal pain on attempting to defecate. Clinical suspicion of peritonitis lead to a repeat CT Abdomen and Pelvis. It showed free fluid in the abdomen and a large complex lesion in the right hemipelvis which contained air locules. The lesion demonstrated thickened walls and septations. There was a suspicion of involvement of the intestinal tract as there was some air tracking between the lesion and the adjacent bowel.

This case report highlights the importance of considering unusual presentations and complications of infertility procedures. It reinforces the need to seek further imaging when a peritonitic abdomen is suspected clinically.

GYNAECOLOGY CONSENT FORM COMPLETION - AN AUDIT

Elizabeth Tunney, Irum Farooq

OLOL Drogheda., Drogheda, Ireland

Abstract

GYNAECOLOGY CONSENT FORM COMPLETION – AN AUDIT.

Aim-To measure the compliance of Consent Forms completed for Elective Gynaecology procedures.
Standards- HSE National Consent Policy 2019, RCOG Clinical Governance Guidance and IMC guidelines.

E.Tunney, I.Farooq.

Method-Data collection was retrospective and completed on-site from (April to June 2021).The audit tool comprised of 15 questions.

Result-In total 54 consent forms used for Elective Gynaecology Procedures were reviewed .46.3% consent forms were completed in the OPD setting prior to the day of the procedure with 53.7% were completed on the day of procedure. 100% of Consent forms had the patients name, date of birth and unique Medical Record Number. On review of Clinician Demographics, 63% of consents had the Clinician name completed . Consent forms are hand-written in OLOL, 28 of these forms were deemed to be legible in all aspects. Procedure details were analysed with 96% containing the correct Procedure name. 85% Consent forms contained the generalised risks associated with the procedure. On review of additional procedures listed, 21 Consent forms properly listed any additional procedures. 28 of consents reviewed used abbreviations. Overall 54% of the analysed consent forms had an error.

Conclusion-This audit demonstrates good adherence with important components of consent-taking in OLOL. Our results suggest there are areas which require improvement including use of abbreviations, legibility, clearly detailing risks and obtaining consent in OPD prior to the day of the procedure. The audit cycle can be completed after an intervention perhaps an educational session at NCHD/Consultant academic teaching.

CERVICAL ECTOPIC PREGNANCY - A CASE REPORT.

elizabeth tunney, Irum Farooq, Rosie Harkin

Our lady of Lourdes, Drogheda., Drogheda., Ireland

Abstract

Cervical Ectopic Pregnancy: A Case Report.

E.Tunney, I.Farooq, R.Harkin.

Our Lady of Lourdes Hospital, Drogheda, Co. Louth.

Cervical ectopic pregnancy is reported to affect 1 in 9000[1] pregnancies. Cervical pregnancy is a very rare form of extra-uterine pregnancy where the pregnancy implants in the lining of the endocervical canal. It is associated with high morbidity and potentially detrimental effects on future fertility. Making the diagnosis on ultrasound can be difficult but allows for greater treatment options and discussion with the woman regarding the risk of significant haemorrhage. The literature reports two main avenues of effective treatment either conservative or surgical. Presenting symptoms include vaginal bleeding in association with a positive pregnancy test which is usually painless. There may be associated urinary problems.[2]

We report the case of a 37 year old nulliparous female with a non-viable extrauterine pregnancy (CRL: 19.6mm) approximately 9+5 weeks' gestation suggestive of a cervical pregnancy.

Keywords: cervical ectopic pregnancy; extra-uterine pregnancy; life threatening haemorrhage; balloon tamponade; cervical suture.

[1] Monteagudo A, Tarricone NJ, Timor-Tritsch IE, Lerner JP. Successful transvaginal ultrasound-guided puncture and injection of a cervical pregnancy in a patient with simultaneous intrauterine pregnancy and a history of a previous cervical pregnancy. *Ultrasound Obstet Gynecol* 1996; 8: 381– 386.

[2] M. Gun & M. Mavrogiorgis, Cervical Ectopic pregnancy: a case report and literature review. *Ultrasound Obstet Gynecol* 2002; 19: 297 – 301.

EVALUATING THE EFFECTIVENESS OF A POSTMENOPAUSAL BLEEDING TRACK TO RULE OUT ENDOMETRIAL CANCER: A PROSPECTIVE AUDIT

Jerilyn Lee¹, Méabh Ní Bhuinneáin^{2,1}

¹National University of Ireland, Galway, Galway, Ireland. ²Mayo University Hospital, Castlebar, Ireland

Abstract

Despite its increasing incidence, a national time-frame for the diagnosis of endometrial cancer is absent. The revised Postmenopausal Bleeding (PMB) track at Mayo University Hospital (MUH) aims to improve the triage/appointment system, expediting patient care in the Ambulatory Gynaecology clinic (AGC).

We evaluated the PMB track, assessing its performance against regional and international standards.

This prospective clinical audit included patients with PMB or abnormal endometrial imaging in MUH from January 2021 to June 2021 (n=123). Patient data was collected through electronic medical records, triangulated with hospital laboratory systems and analysed using SPSS. Ethical approval was granted from MUH Research Committee.

Eighty-four referrals were identified through the triage system, while an additional forty-five patients bypassed this system. There was no significant difference in waiting time for both groups, with a combined median of twenty-two days. 72.6% (85/117) meet the Saolta target of 28 days, but this decreases significantly (19.6%, 23/117) when measured against the UK standard. 27.0% (6/17) of patients did not meet the regional target of forty-eight days when diagnosis necessitated a general anaesthesia (GA) procedure, from the their first AGC appointment. Just three GA patients (20%, 3/17) met the Australian and UK standard of 14 days.

Our findings show that the PMB track can be improved despite meeting regional standards as it falls short of international standards. Current barriers to improvement include inequitable cancer pathways, theatre capacity and complex sequential triage processes. This audit may serve as a baseline reference for the new national guideline on PMB.

PATIENT SATISFACTION WITH HIGH-RISK ANTENATAL CARE SERVICES DURING THE COVID-19 PANDEMIC 2021

Elizabeth Tunney, Irum Farooq, Rosie Harkin

Our lady of Lourdes Hospital, Drogheda, Ireland

Abstract

Aim: To measure the satisfaction of patients attending the High Risk Antenatal Clinic during the COVID-19 pandemic.

Method: Data collection was prospective. Patients attending the HRC completed a satisfaction survey comprised of 10 questions.

Result: There was a 100% response rate to our survey(50/50). 56.86% of patients were attending the HRC with Medical co-morbidities, 54.9% due to issues in previous pregnancies, 5.8% of patients due to previous LLETZ. 70.59% of women were not anxious attending the HRC during the COVID-19 pandemic, 21.57% of women reported anxiety attending and 3.92% of women reported being very anxious attending during the COVID-19 pandemic. 45.1% of patients stated they were very satisfied with the HRC Staff, 49.02% of women were satisfied and 1.96% were very dissatisfied with the HRC staff. Using a visual analogue scale, 25.49% felt wonderful after their experience at the HRC, 41.18% of women felt reassured, 25.49% of women felt comforted and 5.88% of women felt disappointed. Regarding COVID-19 risk reducing protocols at the HRC 43.14% of women received a COVID questionnaire, 72.55% were reminded to practice hand-hygiene, 7.84% waited in the CarPark and 78.43% noted the implementation of social distancing. Possible improvements to the HRC included– 19.61% wanted more time with the Midwifery Team, 15.69% partners in the clinic and 23.53% improvement in the Waiting time.

Conclusion The majority of patients surveyed were satisfied with the HRC service. The majority of patients noted the various COVID-19 risk reducing protocols in place and provided invaluable feedback on modifications to the HRC.

A CASE REPORT OF PRE-ECLAMPSIA WITH PLEURAL AND PERICARDIAL EFFUSION AND INCIDENTAL FINDING OF MULTIPLE VALVULAR HEART DISEASE

RAKSHA BEETHUE, SALLY PHILLIPS, SALIM MOHAMED

LETTERKENNY UNIVERSITY HOSPITAL, LETTERKENNY, Ireland

Abstract

A CASE REPORT OF PRE-ECLAMPSIA WITH PLEURAL AND PERICARDIAL EFFUSION AND INCIDENTAL FINDING OF MULTIPLE VALVULAR HEART DISEASE

BEETHUE R.D, PHILLIPS S., MOHAMED S.

OBSTETRICS AND GYNAECOLOGY DEPARTMENT, LETTERKENNY UNIVERSITY HOSPITAL, LETTERKENNY

Pre-eclampsia is defined as a new onset of hypertension and proteinuria after 20 weeks of gestation. Its signs and symptoms are well documented in literature including the respiratory system being affected by pulmonary oedema.

There are multiple case reports of pleural and or pericardial effusion with pre-eclampsia in postnatal patients but few reported in antenatal patients. We describe a case of pre-eclampsia with pleural and pericardial effusion alongside multiple valvular cardiac disease in an antenatal patient.

We write about a young primigravida with an uneventful pregnancy upto 34 weeks where she developed facial oedema and pitting pedal oedema with hypertension, proteinuria and deranged transaminases. Pre-eclampsia was diagnosed and labetalol was commenced. Her transaminases worsened and an abdominal ultrasound was performed showing pleural effusion. An echocardiogram revealed a small pericardial effusion, proximal septal thickening of left ventricle, thickened mitral valve and multiple valve regurgitation.

An echocardiogram at term showed no worsening of the effusion. An anaesthetic consultation deemed the patient was suitable for vaginal delivery and regional anaesthesia. At 39+6, the patient was admitted for induction of labour however she developed severe pre-eclampsia requiring intravenous labetalol, magnesium sulphate infusion and an emergency cesarean.

Postnatally, the patient recovered well. Labetolol was discontinued and an ACE-inhibitor and a calcium-channel-blocker was commenced and the patient was discharged with GP follow-up.

WHO IS ATTENDING OUR FERTILITY SERVICES?

C MacAuley, N Mukerji, R Cormack, G Roe, N Farah

coombe women and infants university hospital, Dublin, Ireland

Abstract

One in six couples in Ireland have fertility issues. The use of assisted reproductive technology (ART) by infertile couples is increasing by 5% to 10% per year. Increases in the women's age and BMI are potentially contributing to this rise.

Hence we set to look at the demographics of the women attending our service. Furthermore we looked at potential causative factors.

Data was collected on all women attending our fertility services in the Coombe Hospital. Data collected included the women's age, parity, BMI, country of birth, smoking status, medical and surgical history, length of time trying to conceive and use of folic acid. Data was also collected on ovulation, tubal patency and semen analysis status.

The average age of the women attending us was 33.7 years with 17% being over 40 years of age. Their average BMI was 28.7 kg/m² with 27% of the women being overweight and 38% obese. Approximately half the women attending us were born in Ireland. Forty-two percent of the women have never been pregnant with 60% being nulliparous. Data on ovulation, tubal patency and semen analysis status will also be presented.

One fifth of the women attending our services are over the age of 40 years and more than half are either overweight or obese. This data highlights the need of a public drive to encourage a healthy lifestyle and also to encourage women not to delay plans in having a family where possible.

A REVIEW OF FORMAL COMPLAINTS AND LEGAL CASES AGAINST THE OBSTETRIC SERVICE AT THE COOMBE WOMEN AND INFANTS UNIVERSITY HOSPITAL

C MacAuley, H Al Ghaithi, SW Lindow, M Hehir, O Ryan, N Dunne, MP O'Connell

coombe women and infants university hospital, Dublin, Ireland

Abstract

The aim is to review and compare the formal complaints and filed legal cases, ascertain the origin and assess the correlation between complaints and legal cases. Furthermore, to infer whether appropriate management of complaints could reduce the number of legal cases.

With assistance of the legal and claims department and patient liaison service in the Coombe Women and Infants University Hospital (CWIUH) complaints since 2018 and legal cases filed against the obstetric service were reviewed. With the aid of the HSE Charter and CWIUH Complaints Classification all complaints and cases were assessed. In addition whether there was a specific area or department that received the majority of complaints and cases was assessed.

The categories used to review complaints and legal cases were Access, Dignity and Respect, Safe and Effective Services, Communication and information, Participation, Privacy, Improving Health and Accountability. These categories were subdivided as appropriate. Complaints that covered multiple issues were categorised as appropriate (multiple categories if necessary). A category for Covid-related complaints during 2020 and 2021 was added.

There were over 1,400 formal complaints made between 2018 and 2021. The number of formal complaints made against the Obstetric service at CWIUH increased 163% from 2018 to 2021. Most of these complaints are in relation to 'Access' and 'Communication and Information.' During 2020 and 2021 more complaints were made in relation to Access and directly correlates with the time of the Covid pandemic.

THE INCIDENCE OF BREECH PRESENTATION AND PRACTISE AND UPTAKE OF OF EXTERNAL CEPHALIC VERSION IN TERTIARY CENTRE -AN AUDIT

Lavanya shailendranath, David Aina

Cork University maternity Hospital, Cork, Ireland

Abstract

Background

Breech presentation is about 3-4% at term deliveries. External cephalic version is manipulate on of fetus in maternal abdomen to cephalic presentation the purpose is to prevent non cephalic presentation at delivery and therefore caesarean section and its sequelae.

Aim of the study

To review the number of caesarean section for breech and the current practise and uptake of external cephalic version in our unit

Methods and methodology

Retrospective review of birth registry and External cephalic log book and Echart review during time frame from January 2021 till august 2021 . Data collected and analysed using microsoft excel

Results

.In total there were 4900 births in the study period. 134 caesarean section were for breech irrespective of parity .In total 1842 caesarean section during that time period accounting to 7.2% caesarean for breech.65 were primiparous caesarean (48%)

There were 63 external cephalic version . 21% were primiparous (33%)

16 were successful (25%), 33 were unsuccessful(52%) 11 were scheduled for ecv on arrival were cephalic presentation .3 were abandoned due to nuchal cord on ultrasound .

Discussion and Recommendation

Raising caesarean section rates and complications and sequelae has made us think rationally to avoid caesarean section where possible. ECV is one the skills aimed at reducing the indication of caesarean section . Introducing consultant supervised midwife ECV services might help successful uptake and consideration of ECV. Set up of weekly ECV services and training of NCHD will help to continue the skill and training required in continuation of services.

LAUNCH OF A DOCTOR-LED NURSE-RUN PESSARY CLINIC

Andrew Downey, Gerard Agnew

National Maternity Hospital, Dublin, Ireland

Abstract

Background

A Doctor-Led Nurse-Run pessary clinic was launched in the National Maternity Hospital in 2020. The purpose of the clinic was to improve the care of women attending for a ring pessary change and to reduce the number of pessary changes at the Doctor-Run clinic.

Purpose of Study

The aim of this study was to assess patient satisfaction with the pessary clinic and to assess its effect on the Doctor-Run clinic.

Study Design and Methods

Patients took a HSE satisfaction survey at eight clinics from January to March 2021.

We also conducted a retrospective chart review of the attendances at 5 Doctor-Run clinics prior to the establishment of the Pessary clinic to determine the number of pessary changes taking place. These attendances were compared to five Doctor-Run clinics that took place seven months after the commencement of the Pessary clinic.

Findings of the Study

46 patients responded to the survey. 97% rated the overall care as excellent and 100% would strongly recommend the clinic to a friend/relative. 97.8% rated the comfort of the pessary as excellent. 95.6% had successful pessary retention from the previous visit

The average number of pessary changes conducted in the Doctor-Run clinic reduced from an average of 5 (23% of consultations) per clinic to 0.6 (4%).

Conclusions and Programme Implications

The overall patient satisfaction with the Doctor-Led Nurse-Run pessary clinic is high. This new service has increased the total number of consultations and reduced the proportion of pessary changes at the Doctor-Run clinic.

AUDIT ON DIAGNOSIS OF OBSTETRIC CHOLESTASIS IN OUR LADY OF LOURDES HOSPITAL.

V. Julius¹, A. Satti¹, E. Akpan¹.

¹Department of Obstetrics & Gynaecology, Our Lady of Lourdes Hospital, Drogheda

Valerie Julius, Abdelazzis Satti, Etop Akpan

Our Lady of Lourdes Hospital, Drogheda, Ireland

Abstract

Background - Obstetric cholestasis (OC) is a multifactorial condition of pregnancy which has been associated with poor neonatal outcomes^{1,2}.

Purpose of Study - Currently there is no hospital specific guidance on the diagnosis of obstetric cholestasis in Our Lady of Lourdes hospital in Drogheda. The aim of this audit was to identify the parameters currently used for diagnosis of Obstetric Cholestasis. This was then compared to the RCOG guideline.

Study Design and Methods - Retrospective review of charts of 24 women who were identified as having obstetric cholestasis between July 2019 and September 2020. We recorded presence of symptoms and risk factors for OC. Bile acid and LFT levels were recorded as well as any further investigations performed.

Findings of the Study - 22/24 (94%) reported symptoms of obstetric cholestasis. 19/24 (79%) were identified as having raised bile acids >10 and 19/24 (79%) were found to have raised transaminases.

7/24 (29%) had a liver ultrasound and liver screen performed as part of the diagnostic workup.

Conclusions and programme implications - We found a variation in cut off levels for bile acids with 21% of patients having bile acid levels <10. This was being addressed by relevant stakeholders at the time of the audit. We also found that only 29% had a liver ultrasound and biochemical liver screen performed to outrule other causes of elevated liver function tests. We have identified this as an area to discuss in future education sessions.

NON-INVASIVE PRENATAL TESTING (NIPT)- DO WE NEED A NATIONAL PROGRAMME?

Sarah Petch, Susan Clinton, Doireann Roche, Elizabeth Dunn

Wexford General Hospital, Wexford, Ireland

Abstract

The provision of NIPT, a blood test which screens for aneuploidy, varies widely internationally. In Ireland it is available privately at a cost of over €400. Research on the patient perspective on NIPT globally show a strong desire for the test to be provided free of charge. To our knowledge, attitudes towards NIPT amongst pregnant women in Ireland have not previously been studied.

This pilot study aims to assess the patient perspective of NIPT in women attending maternity services in Wexford General Hospital.

This was a cross-sectional observational study involving a telephone survey. All participants gave informed consent. Self-reported responses were recorded by the investigators.

One hundred and twelve (n=112) women participated in our study. Of these, 60% (n=67) had never heard of NIPT. Eighty six percent (n=96) believe it should be made freely available, and 80% said they would avail of the test if it were free. Cost was the main prohibitive factor for those choosing not to have the test. All women wished to be more informed about NIPT and 82% felt they would like to receive this information from their general practitioner.

Awareness of NIPT amongst women attending maternity services in Ireland may be low, but it is clear from this pilot study that there is a desire for more information and a more equitable provision of the test.

CORE OUTCOME SET FOR STUDIES ON PREGNANT INDIVIDUALS WITH VASA PREVIA (COVasP): DESIGN AND EXECUTION OF A DELPHI SURVEY

Tiffany Yeretsian^{1,2}, Rizwana Ashraf², Natasha Donnelly³, Nasrin Javid⁴, Michael Krznic⁵, John Kingdom², Rohan D'Souza²

¹Royal College of Surgeons in Ireland, Dublin, Ireland. ²Division of Maternal-Fetal Medicine, Department of Obstetrics and Gynecology, Mount Sinai Hospital, University of Toronto, Toronto, Canada. ³The National Perinatal Epidemiology and Statistics Unit, Centre for Big Data Research in Health, University of New South Wales, Sydney, Australia. ⁴Sydney Institute for Women, Children and their Families, Sydney Local Health District, Sydney, Australia. ⁵International Vasa Previa Foundation, Chester, USA

Abstract

Vasa previa is a condition in pregnancy where fetal blood vessels run outside the umbilical cord or placenta unprotected, increasing risk of compression or rupture, severe blood loss and perinatal death. The development of a core outcome set for studies on individuals with vasa previa (COVasP) is underway.

This study focused on the third step of COVasP development - an online Delphi survey. A list of 67 outcomes generated through a systematic review (step-1) and interviews with health care providers (HCPs), health service users (HSUs - patients, patient family members or advocates) and academics (researchers, guideline developers, policy makers and administrators) (step-2), was entered into DelphiManager software. A multi-modal recruitment strategy was used to reach global participation, this was achieved through social media platforms, personal contacts, emailing HCPs, and collaboration with international vasa previa organizations.

In total, 71 HCPs, 122 HSUs and 20 academics were recruited in the first round of which 58 HCPs, 62 HSUs and 17 academics completed the second round (Attrition rate = 35.68%). From HCPs, HSUs and academics' responses, 34 outcomes met the criteria for inclusion. The highest ranked outcomes included death of the baby, birth asphyxia and live birth.

The Delphi process was able to narrow down the list of outcomes from 67 to 34. A consensus meeting will be scheduled soon to arrive at the final set of core outcomes. Once COVasP has been defined, we hope it will advance the reach and relevance of the diagnosis and management of vasa previa in future studies.

CONGENITAL ANOMALIES AMONG VERY LOW BIRTH WEIGHT (VLBW) INFANTS IN IRELAND: MATERNAL, FETAL, AND CARE CHARACTERISTICS

Jane Peters, Sara Leitao, Richard Greene

University College Cork, Cork, Ireland

Abstract

Very low birth weight (VLBW) infants have an increased incidence of congenital anomalies, a leading cause of early neonatal death in the Republic of Ireland (ROI).

This study examined the incidence of major congenital anomaly (MCA), as well as associated mortality, morbidity, and outcomes of perinatal care, among infants of VLBW (defined as ≤ 1500 g and/or ≤ 29 weeks' gestation).

Anonymised data from the National Perinatal Epidemiology Centre (NPEC) annual audits on Perinatal Mortality and on VLBW infants in the ROI from 2014 to 2018 was used. Descriptive and chi-square analyses were performed in SPSS.

Of 2959 VLBW infants, 247 had at least one MCA, the most frequent of which was cardiac ($n=35$, 14.2%). Of 245 VLBW infants with MCA, 118 did not survive ($X^2=179.575$, $p < 0.001$). Additionally, 17 infants in this cohort were born to mothers who did not seek routine care in pregnancy ($X^2=22.389$, $p < 0.001$). Of 246 infants with MCA, 97 were small for gestational age (SGA) at birth ($X^2=42.495$, $p < 0.001$). For 20.3% of infants with MCA (48/236), antenatal steroid treatment was not received ($X^2=21.758$, $p < 0.001$).

The main types of MCA occurring in VLBW infants in Ireland are outlined. Significant associations were found between MCA and other infant variables including survival, care provided, SGA, and antenatal steroid use. Results may provide clinicians and parents with more accurate information to contribute to evidence-based decision making and optimize care of these infants and their developmental outcomes.

PRAISE FOR POPPY - EVERY OBSTETRIC UNIT SHOULD HAVE A POSTNATAL MORBIDITY CLINIC.

Sarah Petch, Tess Higgins, Caroline Brophy, Laoise O'Brien

National Maternity Hospital, Dublin, Ireland

Abstract

Postnatal maternal morbidity is a wide ranging concept covering any physical or mental illness or disability directly related to childbirth. The self-reported prevalence of postnatal morbidity is as high as 85%. Outpatient postnatal follow-up care is often provided in an ad hoc fashion, with the burden heavily placed on GP practices and Outpatient Gynaecology clinics. The Poppy clinic in the National Maternity Hospital is a dedicated clinic for women suffering with postnatal morbidity. Since its establishment in 2013, referrals have increased by 500%, demonstrating the huge demand for the service.

The purpose of the audit was to review the services provided by the Poppy clinic and assess patient satisfaction.

A retrospective chart review of patients who attended the Poppy clinic in 2020 was performed and a patient satisfaction survey was completed by patients attending over a three month period.

7263 women were delivered in the National Maternity Hospital in 2020. There were 11,115 visits to the emergency department and 11% involved postnatal patients. 900 women were seen in the Poppy clinic in 2020 and 88% of patients were satisfied with the service provided by the clinic. Patients were seen for a variety of reasons including wound breakdown and infection, obstetric anal sphincter injuries, women who had a postpartum haemorrhage of greater than 1L, and hypertensive disorders.

This study highlights the demand for and the important role that a dedicated postnatal morbidity clinic can play in providing holistic and time-sensitive postnatal care to women.

PANCREATIC CANCER DURING PREGNANCY – A CASE REPORT

Clodagh Staunton Curran¹, Ingrid Browne²

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

Abstract

Pancreatic adenocarcinoma is uncommon in women of childbearing age and extremely rare among pregnant women, with just 15 cases previously reported where the diagnosis was made antepartum. We report the case of a 32-year-old primiparous woman with no significant medical history, who presented at 14 weeks gestation with a four-month history of back pain. Biochemical investigations revealed grossly deranged liver function tests, and abdominal ultrasound showed a mass in the tail of the pancreas. Further investigations confirmed a diagnosis of pancreatic adenocarcinoma with multiple liver metastases.

Chemotherapy was commenced. Given the high risk of venous thromboembolism an inferior vena cava (IVC) filter was to be sited, but at 16 weeks the patient developed a life-threatening saddle pulmonary embolism (PE) requiring thrombolysis and admission to the cardiac care unit.

Following the PE, the patient resumed chemotherapy and the pregnancy continued without complication. A multidisciplinary team discussed balancing the benefits of completing nine cycles of chemotherapy before delivery, and the benefits to the fetus of a longer gestation, versus the risks of late preterm birth and the risk of a further venous thromboembolism. The recommendation was to deliver between 33 and 35 weeks by elective caesarean section.

At 34 + 5 weeks gestation, a lower segment caesarean section was performed under spinal anaesthesia. A healthy male infant was delivered and transferred to the NICU. He was discharged home two weeks later. This case highlights the importance of the MDT in the management of complex clinical scenarios, such as pancreatic cancer, during pregnancy.

AN AUDIT ON WOMEN WITH EPILEPSY AND THE NATIONAL EPILEPSY IN PREGNANCY GUIDELINE

K FLYNN¹, Z MAMAIEVA¹, S MURPHY², J HOGAN¹

¹COOMBE WOMEN & INFANTS UNIVERSITY HOSPITAL, DUBLIN, Ireland. ²BEAUMONT HOSPITAL, DUBLIN, Ireland

Abstract

BACKGROUND

Epilepsy is the commonest chronic neurological disorder to affect pregnancy. Pregnancy can cause an increase in seizure frequency in some women with epilepsy (WWE). In 2020, MBRRACE reported that there has been a statistically significant increase in maternal mortality in WWE over three years (2016-2018). One of the key recommendations is that WWE have access to specialist epilepsy care during pregnancy. The aim of the audit is to assess adherence to the national epilepsy guideline while attending a consultant-led antenatal clinic prior to the introduction of a dedicated specialist antenatal clinic for WWE in the hospital.

METHODS

The audit was carried out in a tertiary maternity hospital where pregnant WWE were managed with consultant-led care in the general antenatal clinic. Medical records between January-December 2020 were examined. Documentation of demographics, type of epilepsy, antiepileptic drugs and their levels, last known seizure, interaction with a neurologist or advanced nurse practitioner in epilepsy and presence of a labour care-plan was noted in each chart. The mode of delivery, APGARs, any fetal anomalies and any breastfeeding information was also recorded.

RESULTS

The WWE managed in the consultant-led antenatal clinic did not always have clear documentation regarding their last seizure or correspondence from their neurologist. There were shortcomings in adherence to some recommendations in the national guideline.

CONCLUSION

This audit adds to evidence of the need for a dedicated antenatal clinic for WWE which will aim to improve outcomes for WWE and streamline communication between medical specialties and between patients and care providers.

AN AUDIT TO IMPROVE THE CARE PATHWAY FOR PREGNANT PATIENTS WITH CLASS III OBESITY

Ekemini Akpan, Mona Abdelrahman, Mike O’Riordan, Petar Popivanov, Bridgette Byrne

Coombe Women and Infant University Hospital, Dublin, Ireland

Abstract

Obesity in pregnancy is associated with an increase in obstetric, anaesthetic and other complications. Over 8000 women delivered in our hospital in 2017, 19.1% obstetric patients were obese (BMI ≥ 30 kg/m²) at booking and 2.3% had class III obesity (BMI ≥ 40 kg/m²).¹

This audit aimed to assess compliance for referrals to the anaesthetic clinic and postnatal venous thromboembolism (VTE) assessment of class III patients at booking.

Forty-three patients with BMI ≥ 40 kg/m² who delivered between July and October 2020 were identified. A retrospective chart review was conducted to obtain data on demographics, antenatal, delivery details and outcomes, labour epidural, and VTE assessment. Data was collected, anonymised and analysed quantitatively.

Twenty-eight patients (65%) had a BMI 40-45kg/m², 9 (21%) BMI 45-50kg/m² and 6 (14%) a BMI >50 kg/m². Only twenty four (56%) patients were referred for antenatal anaesthetic assessment. Of these, 7 patients underwent elective caesarian section and 17 patients delivered either vaginally or by emergency caesarian section. Of the 19 patients (44%) who were not referred for anaesthetic assessment antenatally—16 had a vaginal delivery and 10 received an epidural in labour. VTE prophylaxis (anticoagulation) was prescribed in 100% of caesarian sections performed. Out of 58% of patients that had vaginal deliveries, only 5 (20%) had VTE prophylaxis prescribed.

This highlighted the need to improve the referral rate of these women to the anaesthetic clinic. It revealed a need for improved documentation of VTE evaluation to ensure standard assessment and help reduce VTE complications. Our aim is to create a care pathway, based on shared decision making and patient empowerment.

Documentation and causal factors of perinatal deaths in Mayo University Hospital: A Perinatal audit

Cheryl Jia Min Chun^{1,2}, Sara Mohan³, Meabh NiBhuinneain^{1,3,2}

¹National University of Ireland, Galway, Galway city, Ireland. ²Mayo Medical Academy, Castlebar, Ireland. ³Mayo University Hospital, Castlebar, Ireland

Abstract

DOCUMENTATION AND CAUSAL FACTORS OF PERINATAL DEATHS IN MAYO UNIVERSITY HOSPITAL: A PERINATAL AUDIT

C Chun^{1,2}, S Mohan³, M NiBhuinneain^{1,2,3}

¹National University of Ireland, Galway, Ireland. ²Mayo Medical Academy, Castlebar, Mayo, Ireland. ³Mayo University Hospital, Castlebar, Mayo, Ireland.

As part of a WHO style Twinning Partnerships for Improvement, 10 year perinatal mortality data from Mayo University Hospital (MUH) were reviewed to investigate documentation quality and contributing factor analysis.

This aimed to investigate documentation processes, and aetiology and contributing factors to perinatal death.

This audit of the stillbirth and neonatal death registration, examining the causes and data recording methods for deaths occurring after 22 weeks' gestation or >500g from 2011 to 2020. Mortality contributing factors were benchmarked against National Perinatal Epidemiology Centre (NPEC) report data.

Of 16,264 births from 2011 to 2020, there were 101 perinatal deaths (74 stillbirths and 27 early neonatal deaths), with 69 perinatal deaths after correction. A downward trend of perinatal mortality rate over the 10 year period was showcased (p-value=0.047). Core contributing factors to mortality, excluding congenital anomalies, included placental pathology (n=23) and respiratory disorders (n=8). In-utero transfers to tertiary units were excluded in this audit.

Data recording of perinatal mortality was reviewed and missing data was highlighted. Frontline in-situ awareness activity stimulated engagement with the audit. Perinatal mortality contributing factors were identified and targeted in current practice. This audit parallels a perinatal improvement audit with colleagues at Londiani District Hospital, Kenya such that both institutions may benefit from participatory learning to effect positive change.

Audit of Reassurance Scan service provision in EPU

Aoife Corcoran¹, Sharon Cooley²

¹Rotunda Hospital, Dublin, Ireland. ²Rotunda, Dublin, Ireland

Abstract

Reassurance scans lists are performed in The Rotunda Early Pregnancy Unit on Friday afternoons for high risk women and those with significant obstetric histories such as stillbirth, second trimester miscarriage, recurrent miscarriage, ectopic and molar pregnancy. Those with history of ectopic pregnancy or molar are scanned by 7 weeks gestation and those with a history of two or more previous miscarriages are scanned by 8 weeks gestation.

We aim to identify the number of women being scanned in the Rotunda Reassurance clinic over the 6 month period. We aim to evaluate the indication for referral, incidence for each referral indication and scan outcome. This will enable us to identify any areas for improvement and implementation of same.

We performed a quantitative audit on the reassurance scan lists performed over a 6 month period from July to December 2020. A data collection proforma was prepared and a retrospective electronic chart review performed, with the assistance and approval of the Clinical Audit Department.

Over the 6 month period of July to December 2020 there were 364 scans performed in the Reassurance Clinic. The data is currently under analysis.

OBSTETRIC ANAL SPHINCTER INJURY; CURRENT PRACTICES IN MAYO UNIVERSITY HOSPITAL

Sara Mohan, Hifsa Sial, Hilary Ikele

Mayo University Hospital, Castlebar, Ireland

Abstract

Obstetric anal sphincter injury (OASI) following vaginal delivery is estimated to affect 0.5-3% of vaginal deliveries in Europe.

The aim was to identify current practices in management of OASI in a peripheral hospital, and to assess adherence to local (Saolta group) and national (Health Service Executive) guidance.

Data were collected over 2 years from (January 2019 to December 2020) and compared against the local hospital pathway and national guideline.

A total of 17 cases were identified. 16 of 17 cases were repaired in theatre under regional or general anaesthesia, with 1 case repaired in labour ward with local anaesthetic. 16 of 17 cases were repaired by a consultant or registrar, with the remaining case note not available. Sphincter repairs were performed with 3-0 PDS, end-to-end technique in 65% (n=11), overlapping in 12% (n=2), with 24% (n=4) not documented. All patients received antibiotics, however, only 29% (n=5) received the recommended duration of antibiotics. All patients were received laxatives and referred to physiotherapy. 13 of 17 patients were referred for postnatal obstetric review, documentation of postnatal review was in general and not maternity charts, which was a barrier to review of follow up. There was no local availability of perineal clinic.

Low numbers of OASI were encountered, highlighting the need for ongoing staff training in recognition and management despite low case numbers. Improved implementation of local hospital guidelines regarding antibiotic prophylaxis is required.

Patient Satisfaction and Acceptability of Manual Vacuum Aspiration

Aoife Corcoran, Sharon Cooley, Meenah Ramphul, Vicky O'Dwyer

Rotunda, Dublin, Ireland

Abstract

Manual vacuum aspiration (MVA) is a safe and effective alternative method for surgical management of first trimester miscarriage, retained products of conception or termination of pregnancy. MVA is performed in the outpatient setting under local anaesthesia. MVA reduces patient waiting time for surgery, duration of hospital stay and avoids general anaesthesia related complications. Several studies have shown MVA to be a safe, effective and acceptable alternative to Electric Vacuum Aspiration with very high success rates. Ireland's first MVA clinic was established in the Rotunda Hospital in April 2020.

We aim to identify the number of women that underwent MVA from July 2021- October 2021 in the Rotunda Maternity Hospital. We will assess patients pain scores and satisfaction with the service. This will enable us to identify areas for improvement within the service.

Patient satisfaction questionnaires are routinely given to patients to fill out following their MVA procedure and debrief. These assess patient satisfaction with the pre procedure information received, privacy, analgesia and pain scores, staff communication and explanation, and whether they would recommend the procedure to a family member/friend. With the assistance and approval of the Rotunda Clinical Audit Department, we performed a retrospective audit of these questionnaires. Data was collected using Microsoft Excel and is currently under analysis.

Further results to follow.

Ireland's First Manual Vacuum Aspiration Clinic in The Rotunda Hospital - A year in review

Aoife Corcoran, Vicky O'Dwyer, Meenah Ramphul, Deidre Hayes-Ryan

Rotunda Hospital, Dublin, Ireland

Abstract

Manual vacuum aspiration (MVA) is a safe and effective alternative method for surgical management of first trimester miscarriage, retained products of conception or termination of pregnancy. MVA is performed in the outpatient setting under local anaesthesia. MVA reduces patient waiting time for surgery, duration and cost of hospital stay and avoids general anaesthesia related complications. Several studies have shown MVA to be a safe, effective and acceptable alternative to Electric Vacuum Aspiration with very high success rates. Ireland's first MVA clinic was established in the Rotunda Hospital in April 2020.

We aim to identify the number of women who have undergone MVA from October 2020- October 2021, source of referral, indication for procedure, incidence of complications, incidence of failure and need for further intervention.

This is a re-audit, the initial audit was carried out in October 2020 and assessed the first six months of MVA service provision in the Rotunda. The selected patients are all of those who underwent an MVA during this time frame. With the approval and assistance of the Clinical Audit Committee a data collection proforma was prepared and a retrospective electronic chart review performed. Data was collected using Microsoft Excel and is currently under analysis.

From October 2020- October 2021, 57 women had an MVA in the Rotunda. Further results to follow.

NEED FOR INTRAPARTUM ANTIBIOTICS PROPHYLAXIS IN WOMEN WITH PRIOR HISTORY OF GBS CARRIAGE

Hibah Rashid, Laila Khalid, Azriny Khalid

university hospital waterford, waterford, Ireland

Abstract

The incidence of early onset neonatal GBS(EOGBS) disease in Ireland and UK is 0.57/1000 births. Intrapartum antibiotic prophylaxis (IAP) reduces the risk. Previous colonisation is associated with 50% carriage in current pregnancy. In these women, RCOG recommends IAP with a history of neonatal infection, otherwise offering them screening at 35-37 weeks. A national consensus on IAP in prior GBS colonisation is lacking. Currently at University Hospital Waterford (UHW), all women with prior GBS receive IAP. Studies examining the use of point-of-care testing have shown reduction in IAP and EOGBS rates.

We aimed to examine the screening and IAP administration in maternal prior GBS colonisation and the incidence of GBS in this cohort in UHW.

Data was collected retrospectively from laboratory and medical records who received IAP between 1st July 2020 and 31st December 2020. IAP receivers for current and prior GBS colonisation were included. IAP receivers for preterm labour ,PPROM and pyrexia in labour were excluded.

Ninety-two women with current or prior GBS received IAP, of which only 15(16.30%) were current and 77(83.69%) were prior. In women with prior GBS, 49(63.63%) were screened, 3/49(6.12%) were positive; 28 were not screened. Seventy-eight(84.78%) received benzyl-penicillin. Six(6.52%) received clindamycin, six(6.52%) did not receive antibiotics ,whereas two(2.17%) received broad spectrum antibiotics for suspected chorioamnionitis. Twenty-two(23.91%) babies were admitted to the Neonatal Unit, however, only one cultured positive for gram-positive cocci.

Incidence of EOGBS in this cohort is low. Risk-based approach or point-of-care testing should be considered to reduce unnecessary IAP administration.

XANTHOGRANULOMATOUS INFLAMMATION (XGI) IN THE LOWER SEGMENT OF UTERUS: CASE REPORT AND REVIEW OF LITERATURE

BEETHUE RAKSHA DEVI, HEMERICH MIRA, MOHAMED SALIM, MATTHEW MCKERNAN

LETTERKENNY UNIVERSITY HOSPITAL, LETTERKENNY, Ireland

Abstract

XANTHOGRANULOMATOUS INFLAMMATION (XGI) IN THE LOWER SEGMENT OF UTERUS: CASE REPORT AND REVIEW OF LITERATURE

Obstetrics and gynaecology department, Letterkenny University Hospital, Letterkenny

BEETHUE R.D, HEMERICH M., MOHAMED S., MCKERNAN M.

Xanthogranulomatous inflammation (XGI) is a rare inflammatory condition described as aggregation of lipid-laden foamy macrophages, granular eosinophilic cells and PAS-positive histiocytes [1]. It occurs mostly in the lower gastro-intestinal tract, kidney and gall-bladder. It's occurrence as salpingo-oophritis, endometritis and even within the parametrium is documented in literature.

We report a case of XGI over the lower uterine segment in a young patient, para 2 (1 SVD and 1 LSCS) who developed chronic pelvic pain after her last caesarean. Ultrasonography showed a probable endometrioma. CT and MRI suggested a lesion of indeterminate nature or a probable surgical. The lesion was monitored. She conceived spontaneously after 2 years. Her pregnancy was uneventful. An elective caesarean was scheduled for direct visualisation and management of the lesion.

Intra-operatively, a 2x4cm fluctuant bulging soft lesion was seen on the anterior aspect of the lower uterine segment. The lesion was incised and drained followed by deroofting. A sample of the lesion sent for histopathological exam.

Histology showed fibroadipose and fibromuscular tissue with sheets of closely packed foamy macrophages with fine granular cytoplasm suggesting XGI.

The patient recovered well postnatally. The rarity of XGI in the genital tract can make the diagnosis and management challenging.

[1] Cozzutto C, Carbone A. The xanthogranulomatous process. Xanthogranulomatous inflammation. *Pathol Res Pract.* 1988 Aug;183(4):395-402. doi:10.1016/S0344-0338(88)80085-2. PMID:3054826.

EUGLYCEMIC KETOACIDOSIS IN PREGNANCY. A CASE REPORT

Saboohi Tariq

Rotunda Hospital, Dublin, Ireland

Abstract

Euglycemic Ketoacidosis is a rare situation where the patient presents with ketoacidosis and normal or subnormal blood glucose levels. The incidence of EKA is reportedly between 0.8% and 1.1% of all pregnant DKA cases (1) Prompt recognition is paramount since fetal demise can be as high as 35% without appropriate treatment (2)

We present a case of 34 years old pregnant woman at 37+5 weeks with diet-controlled GDM who presented to a general hospital with breathlessness and vomiting. She was tested positive for COVID -19 eight days earlier and had been treated with a PPI for gastritis.

On arrival, she had an increased respiratory rate but no increased oxygen requirements. She was found to be acidotic (pH 7.21) with blood glucose (8.6mmol/L), ketones 1.2mmol/L and an elevated anion gap (17). KA protocol of insulin/dextrose infusion was commenced. This was continued as ketoacidosis persisted despite a resumption of an oral diet. Induction of labor was recommended the next day due to persistent ketosis and delivered a healthy 3.8Kg baby via SVD. Ketosis resolved post-partum and she was discharged home later.

Most pregnant women with SARS-CoV-2 have no/mild symptoms. Pregnancy may be a risk factor for atypical presentations. Concomitant euglycaemic ketoacidosis is rare but should be considered in those who are unwell, have a loss of appetite, and/or have gestational or Type 1/ Type 2 diabetes.

Ketoacidosis is an important cause of tachypnoea in pregnant women with COVID-19 and should be considered as part of a differential diagnosis. (3)

COVID-19 ASSOCIATED VIRAL MENINGOENCEPHALITIS IN PREGNANCY. A CASE REPORT

SABOOHI TARIQ

ROTUNDA HOSPITAL, DUBLIN, Ireland

Abstract

A growing body of evidence is surfacing regarding the neuro invasiveness of COVID-19. Neurologic manifestations in patients infected with SARS-CoV-2 have been reported such as anosmia, ageusia, ataxia, seizures, hemorrhagic necrotizing encephalopathy, and Guillain-Barré syndrome (1-3)

We describe a case of 31 years old pregnant, Covid positive woman at 29+5 weeks who was admitted to ED of a Dublin maternity hospital. She presented with myalgia and headache for three days followed by unresponsiveness and seizures. On arrival, her GCS was 9/15 and she had a further generalized tonic-clonic seizure. There was no evidence of preeclampsia or history of seizures. A COVID swab tested positive. She was given anti-seizure medication, intubated, and transferred to a general hospital. CT and MRI brain were normal. Lumbar puncture revealed elevated white cell count and negative gram stain, suggestive of viral meningoencephalitis. A second lumbar puncture to perform Covid -19 PCR was unsuccessful. She was treated with acyclovir and antibiotics. She was successfully extubated, commenced on Levetiracetam, and is now being followed up in high-risk antenatal clinic.

The neuro-invasive potential of SARS-CoV-2 has received significant attention. Reports of COVID-19 encephalitis (4) and a case of COVID-19-associated acute hemorrhagic necrotizing encephalopathy (5) have been recently published. Although the typical clinical picture of Covid-19 involves respiratory symptoms, our experience confirms that neurological complications though rare can sometimes be the presentation. Early recognition of neurological involvement can lead to a better prognosis. To our knowledge, this is the first reported case of COVID 19 associated meningoencephalitis in pregnancy.

A CLINICAL AND HISTOPATHOLOGICAL DIAGNOSIS DILEMMA FOR AN UNUSUAL RETROPERITONEAL PELVIC MASS IN A SYMPTOMATIC PATIENT

RAKSHA BEETHUE, KATRINA DILLON, MATTHEW MCKERNAN

LETTERKENNY UNIVERSITY HOSPITAL, LETTERKENNY, Ireland

Abstract

A CLINICAL AND HISTOPATHOLOGICAL DIAGNOSTIC DILEMMA FOR AN UNUSUAL RETROPERITONEAL PELVIC MASS IN A SYMPTOMATIC PATIENT

Obstetrics and gynaecology department, Letterkenny University Hospital, Letterkenny

BEETHUE R.D, DILLON K, MCKERNAN M.

We report about a 68 years old multiparous lady who gradually developed voiding difficulties and nocturia. On examination, a fixed pelvic mass was noted. MRI and CT suggested a 9cm well-circumscribed pelvic mass with appearances of a left adnexal lesion that could represent a fibro-thecoma. Tumour markers remained normal.

An exploratory laparotomy revealed a deeply fixated mass at least 9cm in a retro-peritoneal position in the left hemi-pelvis. Macroscopically, the mass appeared smooth, regular and solid and surrounded by a dilated venous plexus. The mass was clearly separate from the uterus. Both tubes and ovaries appeared normal. A True-Cut core biopsy, omental biopsy, peritoneal washings and bilateral salpingo-oophrectomy was performed.

Histopathological diagnosis was a challenge as initial reporting suggested that while the mass may represent a bizarre/ symplastic type leiomyoma, a well differentiated leiomyosarcoma cannot be excluded with certainty with limited tissue sample. Further expert opinion was sought and it concluded that the differential diagnosis included a leiomyosarcoma and a smooth muscle tumour of uncertain biologic potential.

The patient recovered well post-operatively and was referred to a Gynaecological Cancer Care Centre where she had a radical excision of the pelvic mass.

PREVENTING AND MANAGING MAJOR POSTPARTUM HAEMORRHAGE IN PORTIUNCULA HOSPITAL

Mona Abdelrahman, Madeleine Robinson, Marie Christine de Tavernier

Portiuncula Hospital, Ballinasloe, Ireland

Abstract

Nearly one quarter of maternal deaths worldwide is due to Postpartum haemorrhage (PPH).¹ The HSE have established guidelines for the prevention and management of PPH². All centres in Ireland should be adherent to this evidence-based guideline to reduce maternal morbidity and mortality rates.

We sought to audit Portiuncula hospital's (PUH) prevention and management of primary major PPH (>1000ml blood loss) to assess the quality of care provided in line with national and local guidelines.

Sixteen patients had a major PPH between January 2020- July 2021. A retrospective chart review was performed. Data gathered was anonymised and analysed quantitatively.

Thirty seven percent of patients had one or more antenatal risk factor for PPH and 25% of patients had one or more intrapartum risk factor. The majority (63%) had an elective/emergency caesarean section (CS). All 16 patients had active management of the third stage of labour. The cause of PPH was documented in 81% cases, most commonly due to uterine atony (62%). Uterotonic agents were used in all cases, leading with Oxytocin 40iu infusion (94%) followed by Ergometrine and Carboprost doses (69% each). Tranexamic acid was administered in 75% of cases. Twenty five percent of patients required transfer to theatre for further surgical management.

The use of a pro-forma to aid documentation and follow guidelines for management of PPH is recommended³. PPH management requires a multidisciplinary approach. Simulation training in obstetric emergencies has shown how teamwork training results in improvement of knowledge, practical skills, communication and performance⁴.

ACUTE GALLSTONE PANCREATITIS IN PREGNANCY: A CASE STUDY

Success Akindoyin, Niamh Keating, Tom O'Gorman

Galway University Hospital, Galway, Ireland

Abstract

Acute pancreatitis (AP) during pregnancy is a rare disease with an estimated incidence rate of about 1 case per 1000 to 10 000 pregnancies and can be associated with high maternal mortality and fetal loss especially in case of improper management or late diagnosis. Gallstone disease is the most common causative factor of acute pancreatitis, but, in many cases, the cause remains unclear.

We report a case of a 27 years old primip who presented at 23+3 weeks gestation, with severe acute onset of right upper quadrant (RUQ) abdomen pain and radiating to the back, loss of appetite, ongoing vomiting in pregnancy. Previously had an abdominal ultrasound a month to presentation which showed gallstones. On examination, there was tenderness in epigastrium and RUQ, Murphy's sign positive associated with elevated serum amylase 7129, Liver function test (LFT) alanine transaminase 257, and aspartate transaminase 271, gamma-glutamyl transferase 71. Conservative management with Intravenous fluids, antibiotics, analgesia and antiemetics were started and there was improvement by the following day clinically and biochemical reports as serum amylase dropped to 1577 and 194 by day3 with improved LFT's blood results. The patient did not experience any complications, currently in her late 3rd trimester.

This case emphasizes the importance of early diagnostic studies and proper therapeutic management to help reduce maternal/fetal mortality associated with acute pancreatitis during pregnancy. Treatment of AP in pregnancy should be carried by a multidisciplinary team and could be either conservative management or surgical intervention according to the severity of presentation, the general maternal and fetal condition.

Hysteroscopic resection of retained products of conception: a retrospective case series.

Clare Kennedy, Eimer O'Malley, Humaira Tabassum, Asish Das

Wexford General Hospital, Wexford, Ireland

Abstract

Hysteroscopic resection of retained products of conception; a retrospective case series

C Kennedy, E O'Malley, H Tabassum, A Das

The clinical presentation of retained products of conception can vary widely. Patients may present with persistent bleeding, fever or infection and abdominal pain. Retained products can complicate miscarriage or termination, vaginal or caesarean delivery.

The management of retained products can be challenging. No specific guidance exists to aid in choosing the optimal approach. The treatment goal is to ensure complete removal of tissue and to minimise and prevent complications.

The traditional means of removal of retained product is with dilatation and curettage. This carries with it risks of uterine perforation and adhesion formation. A hysteroscopic approach may help to reduce these risks as tissue is removed under direct vision thereby allowing for selective and accurate removal.

The TRUCLEAR™ hysteroscopic tissue removal system uses a simple mechanical approach to tissue removal and ensures accurate and complete removal of products. This allows for histopathological analysis and minimises complications. We carried out a retrospective case series of 10 patients who underwent this procedure. The majority of patients were being treated for retained products postnatally with the remaining patients presenting with retained products following miscarriage or termination. There were no cases of uterine perforation and all patients had histological confirmation of retained product. It is hoped in the future that the increased use of TRUCLEAR™ hysteroscopy will create a safer and more effective solution to the management of retained products of conception.

MANAGEMENT OF WOMEN WITH REDUCED FETAL MOVEMENTS

Bushra Aziz, Cathy Rowland, Azriny Shaziela Khalid

Obstetrics/Gynaecology, Waterford, Ireland

Abstract

Maternal perception of fetal movements are used as a measure of fetal wellbeing. Reduced fetal movements (RFM) has been associated with poor perinatal outcome.

A standardised approach to the assessment of RFM will ensure that all necessary assessments are made prior to proceeding with conservative management or intervention.

To evaluate the current practice in University Hospital Waterford in the assessment of mothers presenting with RFM compared to the (Reduced Fetal Movements RCOG Guideline No.57). This information will be used to form a local guideline.

An audit was conducted in July and August 2021. A retrospective charts review was conducted and data was analysed using excel.

A total of 23 mothers presented with RFM during this period, 61%(n=14) were multiparous while 39%(n=9) were primigravida. Advanced maternal age (≥ 35) was found as a highest risk factor (26%,n=6), followed by BMI >30 (22%,n=5). Diabetes in pregnancy(9%,n=2) and depression(9%,n=2) while Preeclampsia/Pregnancy Induced Hypertension and history of Intrauterine Death accounted for 4% (n=1) only. Seventy four percent of patients were ≥ 28 weeks gestation, of which 24%(n=4) of patients underwent growth scans with normal CTG and no identifiable risk factors. Twenty nine percent(n=5) did not have growth scans despite risk factors for fetal growth restriction or stillbirth.

RFM is a common presentation in the third trimester. Standardising the approach to assessment of these mothers ensures each patient is managed accordingly.

We are designing a proforma for risk assessment which will be implemented as a Quality Improvement Project in our unit.

DISSEMINATED PERITONEAL LEIOMYOMATOSIS IN A PRIMIGRAVIDA AT CAESARIAN SECTION

C MacAuley, C McKeown, T Rigney, J O'Leary

coombe women and infants university hospital, dublin, Ireland

Abstract

A 35 year old primigravida female attended for elective caesarian section. During the procedure we found multiple small peritoneal deposits and omental caking. As this usually signals malignancy, we took an omental biopsy and cytology for histological examination.

Histological examination showed Disseminated Peritoneal Leiomyomatosis.

Disseminated peritoneal leiomyomatosis is a rare but benign condition. It has an estimated incidence of < 1/10,00,000, however the incidence is likely underestimated as many cases are asymptomatic. Cases are usually diagnosed intraoperatively as incidental findings.

The condition is thought to be stimulated by hormones, either exogenous or endogenous, and usually presents in premenopausal females who are pregnant or taking hormonal medication.

The indication for the caesarian section was maternal request due to tokophobia. The patient had no previous medical history other than appendicectomy in the preceding year. Pelvic examination showed extensive disseminated nodules throughout the omentum similar to that of malignant "omental caking". Small nodules were visualised on the posterior aspect of the uterus, the small bowel serosa and left ovarian surface but no macroscopic disease was seen. Two small subserosal fibroids were present on the anterior surface of the uterus.

The patient was referred and discussed at the gynaecological oncology MDT meeting in St James Hospital. She had a CT scan of her thorax, abdomen and pelvis and a renal ultrasound. Neither scan showed further concern in relation to DPL however a left lung cyst suspicious for malignancy was found incidentally and is currently being investigated by the respiratory team in SJH.

THE BIRTH EXPERIENCE SURVEY TRACKING (BEST) PRACTICE STUDY: A QUALITY IMPROVEMENT INITIATIVE AT THE UNIVERSITY MATERNITY HOSPITAL LIMERICK

Kristyn Dunlop, Orla Holmes, Conor Boyle, Mendinara Imcha

University Maternity Hospital Limerick, Limerick, Ireland

Abstract

Negative experiences during childbirth may negatively affect attitude towards future pregnancies. Discussion of labour and immediate postnatal experience was highlighted as areas for improvement in University Maternity Hospital Limerick (UMHL) during the National Maternity Patient Experience Survey. The aim of this quality improvement initiative was to improve communication surrounding the delivery and birth experience.

A postnatal debriefing checklist was developed in UMHL, and implemented by one obstetric team in October and November 2020. Members of the obstetric team performed a structured debrief of the childbirth experience on day 2 postnatal. Inclusion criteria: all women who gave birth in UMHL in October and November 2020, under the care of the Red Team. There were no exclusion criteria. A telephone survey was performed 6-8 weeks following discharge, to assess perceptions of the childbirth experience and quality of the debrief performed.

45 women were debriefed, 28 women were followed up at 6-8 weeks postnatal, and 7 women were lost to follow-up, as they were not reachable by phone on more than two occasions. 82% of women felt the debrief allowed them the opportunity to have questions surrounding their birth experience answered, and 82% felt it allowed them to process their experience. 89% also felt that the debrief improved their overall childbirth experience.

Overall, we were able to demonstrate a structured approach to communicating with patients regarding their childbirth experience was able to improve the overall childbirth experience. We are looking to implement this document and approach as standard of care in UMHL.

COVID-19 AND FERTILITY: THE TOLL ON MENTAL HEALTH

Laurentina Schaler^{1,2,3}, Louise E Glover^{1,3}, Mary Wingfield^{1,2,3}

¹*Merrion Fertility Clinic, Dublin, Ireland.* ²*National Maternity Hospital, Dublin, Ireland.* ³*University College Dublin, Dublin, Ireland*

Abstract

In the initial phases on the pandemic, fertility services were temporarily suspended due to the paucity of data concerning the possible effects of COVID- 19 on gametes, embryos and early pregnancies.

The aim of this study is to assess the effect of the pandemic, and associated disruption of reproductive services, on mental wellbeing of those whose fertility journey was disrupted as a result of COVID-19.

We conducted a web- based cross- sectional study of fertility patients who had an appointment over a 7 week period at a not for profit fertility clinic.

The mean Warwick-Edinburgh Mental Well-being Score (WEMWBS) recorded in this study was 45.03 \pm 0.796 (n=117), significantly lower than the published average WEMWBS score (49.8 \pm 0.28, P<0.0001)(1). When gender-based analysis was performed, the difference in WEMWBS scores was only significant in female fertility patients (Female: 49.6 \pm 0.34, n=644 vs 44.4 \pm 0.88, n=99, P< 0.0001; Male: 50 \pm 0.43, n=4429 vs 47.3 \pm 1.81, n=26, P=0.136).

Increased levels of depression and anxiety coupled with added uncertainty of clinic closures and disruption to fertility services have led to a statistically significant lower WEMWBS scores in the fertility population.

COLPOCLEISIS : A CASE SERIES

Hifsa Sial¹, Sara Mohan², Hilary Ikele³

¹Mayo University Hospital, castlbar, Ireland. ²Mayo University Hospital, castlebar, Ireland. ³Mayo University Hospital, Castlebar, Ireland

Abstract

Colpocleisis is an operation which involves approximating the anterior and posterior vaginal walls to treat advanced uterovaginal prolapse in women who no longer wish to retain their sexual activity.

This is a retrospective case series of Le Fort Colpocleisis performed from January 2015 to June 2021 at Mayo University Hospital examining patient age, BMI, presenting symptoms, stage of prolapse, length of surgery, anesthesia, blood loss, length of hospital stay and satisfaction at follow up.

Total of 5 patients underwent surgery in this timeframe, with 80% between aged 71-79 years (n=4) and 20% aged 94 (n=1). 40% had normal BMI (n=2), 40% were overweight (n=2), and 20% were underweight (n=1).

On examination prior to surgery, 3 out of 5 had procidentia while one had vault prolapse and the other had stage 3 uterovaginal prolapse. The length of surgery was between 20 – 30 minutes. 4 ladies had their surgery under general anesthesia while one had spinal for anesthesia. 80% had estimated blood loss (EBL) <100 ml (n=4), 20% had an EBL of 165 ml (n=1). Length of hospital stay was 2-4 days.

All of our patients were quite satisfied at their post op follow up visit.

Colpocleisis is an effective and low-risk procedure with high anatomical success rates and patient satisfaction and low associated morbidity and mortality. Colpocleisis remains an excellent surgical option for the elderly patient with advanced pelvic organ prolapse.

AN AUDIT OF ADMINISTRATION OF SINGLE DOSE PROPHYLACTIC AUGMENTIN POST ASSISTED VAGINAL BIRTH IN UNIVERSITY HOSPITAL WATERFORD

Maura Hannon, Ciara O'Dwyer, Azriny Khalid

University Hospital Waterford, Waterford, Ireland

Abstract

Recently both the Royal College of Obstetricians and Gynaecologists (RCOG) and the World Health Organisation (WHO) have recommended that all women undergoing assisted vaginal birth (AVB) receive a single dose of antibiotics (Murphy et al., 2020; WHO, 2021). This recommendation was adopted on the strength of the ANODE trial published in the Lancet by Knight et al. in 2019, which found that administration of prophylactic Co-Amoxiclav within three hours of AVB is not only associated with reduced overall infection rates, reduced perineal infection rates and wound breakdown, but also with reduced perineal pain and patient concerns regarding their perineum.

In line with these recommendations University Hospital Waterford (UHW) implemented a local policy directing that all women who undergo an AVB be given a single dose of Co-Amoxiclav as soon as possible after any assisted vaginal delivery. The aim of our audit was to assess compliance with this local hospital guideline. We reviewed the charts of patients who had undergone AVB within a three month period to assess compliance with departmental policy.

Initial data suggested that only 65% of patients received antibiotics post-delivery. Given this poor compliance rate we undertook a campaign of education including hosting teaching sessions informing midwives and doctors of the importance of antibiotics in AVB and placement of an information poster in key locations around the labour ward to remind all staff to ensure all women receive antibiotics post AVB. We are currently collecting data as part of our re-audit cycle.

AN OBSERVATIONAL STUDY OF REFERRALS FOR THE ENDOMETRIOSIS CLINIC IN TUH

Mona Abdelrahman, Aida Izydorczyk, Aoife O'Neill

Tallaght University hospital, Dublin, Ireland

Abstract

Endometriosis is a chronic gynaecological condition that affects approximately 10% of age-reproductive women worldwide¹ with devastating consequences on life quality in some cases.

Our aim was to assess the nature of referrals to Tallaght University Hospital (TUH) Endometriosis clinic to assess service provision quality and needs.

We assessed 105 waiting list patients referred to the Endometriosis clinic prior to March 2021. Data was gathered from the referral letters including referral pathway, demographic details, diagnosis, imaging modalities performed to date, previous surgeries and treatments. This data was analysed quantitatively.

Inter-hospital referrals constituted 44% of all referrals followed by 32% from other clinics/specialists in TUH, and 24% from GPs. The average age for patients referred were 35. The majority (91%) already had a diagnosis of endometriosis with 80% having had a previous laparoscopy to confirm it. The majority of patients (81%) were already on/had tried previous treatment for endometriosis including oral hormonal contraceptive pills (59%), mirena coil (26%), and GnRH analogue (30%). Furthermore, the majority had imaging investigations including ultrasound (85%), MRI (70%), and CT (38%).

Our observational study highlighted that despite the appropriateness of the referrals of these patients who have already been either diagnosed, investigated and/or trialled on therapies for endometriosis, there remains a growing need of integrating their care into a dedicated specialised clinic on both local and national levels. The TUH Endometriosis clinic serves this purpose very well, however there is clearly a necessity for more similar specialised clinics nationally.

MALE FERTILITY PATIENTS ATTITUDES TO THE COVID-19 VACCINE

Laurentina Schaler^{1,2,3}, Louise E Glover^{1,3}, Mary Wingfield^{1,2,3}

¹Merrion Fertility Clinic, Dublin, Ireland. ²National Maternity Hospital, Dublin, Ireland. ³University College Dublin, Dublin, Ireland

Abstract

Vaccine hesitancy has been described in many populations. A U.S. study assessing fertility patients attitudes towards the COVID -19 vaccine revealed that over half were unsure, or would not accept the vaccine if offered. Only 7.4% of participants in this study were male (1).

We therefore sought to assess the perspective of male fertility patients towards COVID-19 vaccination.

Men with a fertility appointment were invited to participate.

A questionnaire was distributed to 526 patients with a response rate of 26% (n=135). 76% (n=102) would accept the vaccine if offered. Willingness to accept the COVID-19 vaccination was influenced by stage of fertility journey. Men with a pregnant partner were most likely to accept or have already accepted the vaccine (97%, 30/31). Those who were beginning to engage with the clinic and under initial investigations were less likely to accept it (56%, 10/18). The majority (84%, n=114) of participants indicated they would not delay fertility treatment to receive the vaccine.

Although concerns around COVID-19 vaccines persist, this study demonstrates the growing rate of acceptance among the male fertility population. Despite concerns, the majority of men stated they would not delay fertility treatment to receive the vaccine emphasising the innate human desire to achieve a pregnancy and that this desire surpasses any concerns regarding safety of the COVID-19 vaccine. Engaging the male fertility population can be challenging. It is important to include the male patient perspective to both encourage communication and debunk the trend for fertility research to prioritise the female population.

A SPONTANEOUS HAEMOPERITONEUM AFTER NORMAL VAGINAL DELIVERY

Amy Worrall, Ching Yuan Ng, Sarah Milne, Fionnvola Armstrong

Our Lady of Lourdes Hospital, Drogheda, Ireland

Abstract

The incidence of spontaneous haemoperitoneum is low. They would commonly be associated with known intra-abdominal pathology, or post-operative complications.

We present a case report of a spontaneous haemoperitoneum in a multiparous woman in the acute post-partum period following a normal vaginal delivery.

Review of the patient's medical record, investigations and imaging was completed. Patient consent was obtained for publication, research and educational purposes.

A 34 year-old para one (previous SVD) underwent an induction of labour for large-for-dates. She had no past medical history, but had a raised BMI of 46. Following a routine induction of labour she delivered a liveborn female infant, weighing 3.8kg, with an estimated blood loss of 200mL. Approximately 45 minutes after delivery she became tachycardic and hypotensive, and complained of severe right upper quadrant and neck pain. A CTPA ruled out a pulmonary embolus. Bloods revealed a 4g/dL drop in haemoglobin, from 12.4 to 8.0g/dL. After prompt resuscitation and blood transfusion, CT Abdomen Pelvis revealed a spontaneous haemoperitoneum. A CT angiogram ruled out an active bleed, and given the patient's BMI conservative management with blood transfusion was initiated. The patient recovered well, and a one-week interval CT revealed complete resolution of the haemoperitoneum. The suspected source on review of imaging was a liver capsule bleed.

A small number of case reports have described post-SVD haemoperitoneum, secondary to splenic ruptures, uterine artery aneurysms, endometriosis, and broad ligament haematomas. We present a case of a post-SVD haemoperitoneum with complete resolution after one week.

INITIAL MANAGEMENT OF SUBFERTILITY: AN AUDIT OF PRE-REFERRAL INVESTIGATIONS IN PRIMARY CARE

Maura Hannon¹, Emmet Smithwick², Sabina Tabirca¹, Moya McMenamin²

¹University Hospital Waterford, Waterford, Ireland. ²Cork University Maternity Hospital, Cork, Ireland

Abstract

Subfertility is defined as the inability conceive after one year of regular unprotected intercourse and can be caused by either male factors (30%), female factors (45%), or unexplained causes (25%). Cork University Maternity Hospital (CUMH) currently offers a dedicated fertility clinic to which general practitioners (GP) can refer couples experiencing difficulties conceiving. Information on the CUMH website gives clear guidance on referral timing and initial investigations to be completed before referral. The goal is to maximize the utility of this first consultation and the efficiency of the service for patients.

The aim of our audit was to retrospectively analyse all referrals to the fertility clinic in CUMH over a 6-month period to determine if couples met the referral criteria and if appropriate pre-referral investigations were carried out.

We found evidence of poor compliance with screening recommendations prior to referral to clinic. Preliminary data analyses suggests that less than 50% of female patients had a basic hormone profile performed and only 16% had a viral screen. For male partners less than 5% had a viral screen prior to referral and only 20% of couples had a semen analysis completed.

Strategies for improving community screening including better communication between hospital and community physicians should be a priority. Failure to carry out these basic screening tests early can potentially delay diagnosis and provision of infertility treatment, as well as increase waiting times for first appointments.

OVARIAN ECTOPIC MOLAR PREGNACY : A VERY RARE ACCURANCE

Hifsa Sial¹, Nirmala Kondaveeti²

¹Mayo University Hospital, castlebar, Ireland. ²sligo university hospital, sligo, Ireland

Abstract

The incidence of ectopic pregnancy is 1–2 per 100 pregnancies, with an ovarian site representing 1–3% of these. Ectopic molar gestation is very rare; the incidence is estimated to be only 1.5 per million births.

We report an interesting case of a 38 years old female , P2+2 , who was brought in by ambulance to the emergency department at 6 week gestation with complaint of abdominal pain associated with vomiting, diarrhea and loss of consciousness at home.

Patient was reviewed by gynae registrar on call and on examination, lower abdomen was quite tender with her BP being 70/50 , I/V lines were secured and blood investigations including B hcg were sent. I/V fluids were started to resuscitate . Also patient was cross matched for 2 units of blood with plan to bring to theatre for laparocopy with working diagnosis of ruptured ectopic pregnancy.

Consultant obstetrician was informed who attended promptly and reviewed the patient. Patient had ultrasound which showed left adenexal mass with bagel sign suspecting ruptured left ectopic pregnancy and large amount of free fluid in abdomen. Patient underwent laparoscopy and intraoperatively ovarian ectopic pregnancy was found and removed. EBL was 1700 ml.

Histology report came back as chorionic villi with hydropic changes and focal circumferential trophoblastic proliferation raising possibility of molar pregnancy. Patient was referred to cork GTD center who followed her up with B hcg levels till they decreased to non-pregnant level.

BIRTH PREFERENCES AND DELIVERY OUTCOMES AFTER OBSTETRIC ANAL SPHINCTER INJURY

Alex Dakin, Nicole Moriarty, Maeve Eogan

Rotunda Hospital, Dublin, Ireland

Abstract

Recurrence rates of obstetric anal sphincter injury (OASI) vary internationally. A previous study in our unit in 2014 identified a 13.4% recurrence risk.

Our aim was to evaluate the recurrence rate of OASI in a more recent cohort in order to help inform decision making regarding subsequent delivery preferences.

A retrospective chart review was performed of patients who had an antenatal visit in the perineal clinic due to a history of previous OASI in 2018 and 2019.

172 women attended the perineal clinic antenatally over the 2-year study period. 86% did not report long-term bowel or perineal symptoms post OASI. 57.6% (99/172) preferred a vaginal birth, 38.9% (67/172) requested caesarean section (CS), and 3.5% (6/172) were unsure. 44.8% went on to have CS, and 54.6% delivered vaginally. This is in comparison to our previous study, in which 40.6% (56/138) underwent caesarean section, and 59.4% delivered vaginally. Of the 94 patients who subsequently underwent a vaginal delivery, 4.3% (4/94) sustained a repeat OASI. All four of these patients had a spontaneous vaginal delivery, and none had an episiotomy performed. This is a significant reduction from the 13.4% recurrence risk reported in our earlier study.

This reduction may reflect increased awareness of recurrent OASI and bespoke perineal care at delivery. Our figures compare favourably to international rates of recurrence. These findings have prompted us to update our advice to reflect recent recurrence rates and possible role of episiotomy, as this will enable informed decision making regarding personal delivery preference.

ROBOTIC-ASSISTED BENIGN GYNAECOLOGICAL SURGERY - THE LIMERICK EXPERIENCE

Perna Kamath, Abdelmagid Gaboura, Brendan McDonnell, Uzma Mahmood

University Hospital Limerick, Limerick, Ireland

Abstract

Robotic surgery has many benefits, including reduced length of stay, quicker recovery and better outcomes compared to open and laparoscopic surgery. Patients with high BMI or large fibroids in particular can be successfully treated with minimal access robotic surgery. University Hospital Limerick (UHL) introduced the Da Vinci Xi robot for gynaecological patients in 2019.

In this study, we report patient outcomes and complications post robotic-assisted surgery in UHL.

Data was prospectively collected from January 2019 to present. Patient characteristics, intraoperative outcomes and postoperative length of stay and complications were assessed.

A total of 50 cases were completed from January 2019 to September 2021. There were 2 cases per list, with 22 in the first year, and fewer in the second year due to the COVID-19 pandemic. All patients were admitted on the day of surgery. Mean BMI was 32kg/m², with 32% patients having a BMI>35, the highest being a BMI of 60. There were 37 hysterectomies+/-BSO and 13 myomectomies. The rate of complications within 30 days postoperatively was low at two cases (4%), and there were no cases of post-operative infections. Only one procedure required conversion to open (2%). For myomectomies, mean fibroid weight was 196g, with the largest fibroid extracted weighing 885g. Mean blood loss was 119mls, with an average operation time of 2 hours 34 minutes. Average length of stay was 1 day.

Robotic surgery in Limerick has been successfully used to treat patients with high BMI and for removal of large fibroids with excellent clinical outcomes.

IMPROVING THE MANAGEMENT OF MAJOR OBSTETRIC HAEMORRHAGE

C Conaty, S Hunter, J Sloan, S Varadkar, M Hehir, B Byrne

Coombe Women and Infants University Hospital, Dublin, Ireland

Abstract

Major obstetric haemorrhage (MOH) causes severe Maternal Morbidity. It is the second most common cause of direct Maternal death. Nationally, MOH is defined as estimated blood loss (EBL) of ≥ 2500 ml or requirement of transfusion of ≥ 5 units of red cell concentrate (RCC).

We examined previous incidences of MOH in a tertiary maternity hospital from January to December 2020 to identify risk factors and areas where management could be improved.

This was a retrospective cohort study. Patients were identified using the department database. Data was obtained from review of patient charts. Inclusion criteria were EBL ≥ 2500 ml or transfusion ≥ 5 units RCC. 28 women met the inclusion criteria.

Average EBL was 3495ml (1000-5500ml) with 3 women requiring caesarean hysterectomy. 25% had induction of labour (IOL) (n=7), with an average EBL of 3886ml. 9 patients had a vaginal delivery (VD). 18 patients had a Caesarean section (CS), of which 5 were elective. Average EBL with CS was 3226ml vs 3856ml with VD. Of the 9 patients with VD, 5 were IOL. 4.1 units of RCC were transfused on average. 3 twin deliveries occurred, all by CS. Median age was 35 (22-44), and average BMI was 26.9. There were no maternal deaths.

MOH can occur with any mode of delivery, but is twice as likely at CS. This is critical when counselling patients seeking elective CS and when counselling patients about IOL due to risk of emergency CS. With CS rates rising every year, it is concerning that rate of MOH could also rise.

PHYSICIAN AND PATIENT PERSPECTIVE TO WEIGHT GAIN IN PREGNANCY

Lorna Tate¹, Richard Greene²

¹University College Cork, Cork City, Ireland. ²National Perinatal Epidemiology Centre, Cork City, Ireland

Abstract

Gaining weight outside of the Institute of Medicine guidelines puts a woman and her fetus at an increased risk from complications including gestational diabetes, hypertension and pre-eclampsia as well as increased neonatal mortality, hypoglycaemia and macrosomia ^(1,2,3). Advice about weight gain during pregnancy is not mandatory. Information provided in antenatal clinic is often limited or incorrect. Research shows that physicians do not perceive this as an important issue ⁽⁴⁾.

The primary aim was to assess both physicians and patients perspective to weight gain in pregnancy. The secondary aim was to assess physicians current practice regarding weight management in pregnancy.

This study was a quantitative cross-sectional study. Patients were recruited from the antenatal clinic in Cork University Maternity Hospital (CUMH). Patients were given a paper questionnaire and consent form to fill out. Consultants and NCHD's working in CUMH were also recruited with both paper and online surveys.

This study showed that 71% of women want to be given a target weight to gain during pregnancy; 74% want to be told if they are gaining an inappropriate amount of weight. 87.5% of physicians believe that weight management is important; 31.3% advise patients about weight gain.

In conclusion, women want discussions about weight gain to be an integral part of their antenatal care. Physicians believe that weight management is an important part of antenatal care however they do not routinely discuss it with patients. This shows that discussions regarding weight may become a more routine part of our antenatal care in the future.

Audit on Decision to Delivery Interval in Emergency Cesarean Sections in Galway University Hospital

Nagwa Hassan, Success Akindoyin

Galway University Hospital, Galway, Ireland

Abstract

Emergency cesarean section(EMCS) is a commonly performed surgical procedure in pregnant women with life-threatening conditions of the mother and/or fetus. According to the Royal College of Obstetricians and Gynecologists decision to delivery interval(DDI) for EMCS should be within 30min for category 1(Cat1) and 75min for category 2(Cat2), a delay >75min in the presence of maternal or fetal compromise can lead to poor outcome. As a result of the morbidities that could follow the poor outcomes we assessed the DDI on EMCS.

A retrospective cross-sectional study was performed over a month period, August 2021, 53 patients in total, who underwent EMCS. The data was obtained through the Maternity Information System and analyzed using a proforma.

Out of the 53 patients, 10 were Cat 1, 37 Cat 2, 6 Cat 3, and 3 Cat 4 which were recorded as EMCS. DDI's within 30mins for Cat 1 CS was observed in 80% and 70.2% within 75mins for Cat 2 CS. The primary indications for Cat 1 CS was Pathological CTG (70%) and for Cat 2 was NRCTG and poor progress in labour. Arterial cord pH >7.18 with normal base excess for Cat 1 CS term delivery was 60% and 83.7% for Cat 2 CS. 23.4% of Cat 1/2 cases required admission to Neonatal Intensive Care Unit(NICU).

Delivery was not achieved within the recommended time interval in 27.6% of EMCS. The average DDI was longer than the recommended time but it did not affect fetal outcomes as those admitted to NICU were delivered within recommended time.

THE ANTENATAL COUNSELLING OF NULLIPAROUS PATIENTS REQUESTING DELIVERY BY CAESAREAN SECTION WITHOUT A MEDICAL INDICATION: A SINGLE CENTRE AUDIT

Sarah L O'Riordan, Alice M O'Neill, Veni Yuddandi

St. Luke's General Hospital, Kilkenny, Ireland

Abstract

Caesarean section upon maternal request (CSMR) refers to a caesarean birth performed in the absence of a medical indication. CSMR is a key contributor to the increasing rate of caesarean section globally. As caesarean section may be associated with significant morbidity, providing patients with adequate antenatal counselling in alignment with current guidelines is vital.

To determine whether sufficient counselling was provided to nulliparous patients undergoing caesarean section without a medical indication in our unit.

Data was retrieved from the local hospital birth registry on all Robson 2B deliveries occurring over a 12-month period (1st January 2020- 31st December 2020). The antenatal counselling received by those delivered by CSMR was then compared to the respective NICE guideline (NG192).

1394 deliveries occurred in our unit during the audit period, of which 39.8% (n=555) were by caesarean section. 4.1% (n=23) of caesareans were performed in nulliparous patients without a standard medical indication. Overall, compliance with the NICE guideline was poor. While the reason for the maternal request was documented in 83% (n=19), further exploration and discussion of the maternal concerns related to vaginal delivery was absent in 87% (n=20). Clear documentation that a discussion had occurred related to the risks and benefits of each MOD was found in 13% (n=3) of cases.

Patient autonomy is of critical importance to any birth plan. Healthcare providers must ensure that women choosing CSMR are fully informed by providing a comprehensive discussion of the risks and benefits of each MOD with routine input from the multidisciplinary team.

Management of term prelabour rupture of the membranes (PROM) in the maternity unit in Mayo University Hospital

Aleksandra Sobota, Ulrich Bartels

Mayo University Hospital, Castlebar, Ireland

Abstract

Expectant and active management of term prelabour rupture of membranes (PROM) are valid alternatives and guidelines advise that women be offered choice of either option. However, according to the Cochrane review active management reduces the risk of maternal infectious morbidity and early-onset neonatal sepsis, without increasing the risk of caesarean section.

This project aimed to audit the management of PROM in a regional Irish maternity unit and establish: rates of expectant and active management; maternal and neonatal outcomes for both groups; presence of a record of discussion regarding management options, including risks and benefits.

In this retrospective chart review demographic and clinical data of all women who attended with term PROM between 01/01 and 30/06/2020 were extracted into an audit proforma and statistics were calculated using SPSS.

Eighty-nine women had term PROM at median gestation of 39⁺³. The majority underwent conservative management (75.3%). Cumulative rates of vaginal delivery among women who had expectant and active management were 77.6% and 78.9% respectively. No differences were found in antenatal or postnatal infection rates, or SCBU admission for neonates between the groups. Discussion about management options was recorded in 64% of the notes, with evidence of discussion of risks and benefits of either option recorded in 22.5% of cases.

While active management of PROM may lead to better maternal and neonatal outcomes, this was not evidenced in our audit. Vaginal delivery rates were similar between groups. There is scope for improvement in discussing management of term PROM with women to allow informed decision-making.

CAESAREAN SECTION COMPLICATED BY LARGE UTERINE FIBROIDS: A CASE SERIES

Kate Sexton, Zara Fonseca-Kelly, Mohamed Elshaikh, Molly Walsh, Ann Rowan

National Maternity Hospital, Dublin, Ireland

Abstract

Leiomyomas are the most common benign tumours of the reproductive tract in women of childbearing age, with a prevalence of 2-4% during pregnancy. The incidence of bulky multi fibroid uterus at caesarean section is increasing due to delayed child bearing and an increase in caesarean section rate. Many obstetricians aim to avoid myomectomy at caesarean section due to high risk of haemorrhage and need for caesarean hysterectomy in the highly vascular gravid uterus. However, leaving fibroids at time of caesarean section may be associated with increased risk of sub-involution, postpartum haemorrhage and postnatal sepsis.

We present a case series of three women who underwent caesarean section with large uterine fibroids. In each of the cases the fibroid lead to severe rotation or flexion of the uterus, requiring classical caesarean due to poor access to the lower uterine segment. In two of the cases midline laparotomy was necessary to optimise access intra-operatively. Post-operatively each of the patients were counselled regarding implications for future pregnancies, including need for elective caesarean section due to increased risk of scar rupture from classical incision.

This series highlights increased risk of surgical complications in patients with large uterine fibroids and the challenges faced by obstetricians intra-operatively in this cohort. These cases also emphasise the importance of post operative debriefing and education regarding implications for future pregnancies.

HYSTERECTOMY AT EMERGENCY PRE-TERM CAESAREAN SECTION FOR APH IN A PATIENT WITH PLACENTA ACCRETA

Parijot Kumar¹, Tom Walsh², Michael Geary¹

¹Rotunda Hospital, Dublin, Ireland. ²Mater Misericordiae University Hospital, Dublin, Ireland

Abstract

Placental attachment disorders (PAD) are associated with high maternal and neonatal morbidity and mortality.¹ Early recognition improves outcomes and is facilitated by the practice of placental localisation at the antenatal anatomy sonographic assessment that routinely occurs between 18 and 22 completed weeks of pregnancy.¹

We present this case report of a pregnancy complicated by placenta accreta where an emergency caesarean hysterectomy was performed following a major antepartum haemorrhage (APH). Additional antenatal risk factors in the pregnancy included maternal age of 45 years, multiparity (3), and 2 previous lower segment Caesarean sections (LSCS). She was diagnosed with an anterior minor placenta praevia and accreta at gestation of 28 + 4 weeks, after which her antenatal care was taken over by the Rotunda Hospital. An MRI was planned, as per the Fetal Medicine Multidisciplinary Team (MDT), for further characterisation. However, the patient experienced a major APH at 33 + 5 weeks gestation, which prompted an emergency delivery.

The patient experienced an intra-operative blood loss of 1200 mls, and was cared for by the High Dependency Unit (HDU) for 2 days post-operatively. She was discharged from hospital on day 5, with no other noted maternal morbidity. Her baby was transferred to the Neonatal Unit (NNU) immediately after birth.

Our Maternal Medicine unit will review this patient in their clinic 8 weeks following discharge.

We highlight this case to emphasise the complex health care needs of women with PADs, which are often better met in specialist centres with dedicated MDTs.

TURNING UP THE PRESSURE: A RARE CASE OF STEROID CELL TUMOUR PRESENTING AS RESISTANT HYPERTENSION IN EARLY PREGNANCY

Maura Hannon¹, Liam Plant², Noirín Russell³

¹Waterford University Hospital, Waterford, Ireland. ²Cork University Hospital, Cork, Ireland. ³Cork University Maternity Hospital, Cork, Ireland

Abstract

Steroid cell tumours of the ovary are an unusual type of sex cord-stromal tumour accounting for less than 0.1% of all ovarian tumours. Typically, they present with symptoms of virilisation such as hirsutism, voice deepening, acne, and oligomenorrhea. Atypical presentations are unusual and though there are reports of steroid cell tumours during pregnancy, they are incredibly rare. We present an unusual case of steroid cell tumour presenting, not with signs of virilisation but with medication resistant hypertension in early pregnancy.

Our patient was referred to the emergency department with uncontrolled hypertension at 12+3 weeks by her primary care physician. Despite aggressive medical management with labetalol, nifedipine, and methyldopa her hypertension remained uncontrolled. Elevated renin and aldosterone with a finding of right ovarian cyst pointed to the possible diagnosis of an extra-renal reninoma.

The patient underwent an oophorectomy at 16 weeks gestation. Histology suggested a staining pattern most consistent with a steroid cell tumour. Post oophorectomy the patient's blood biochemistry rapidly returned to normal, and her hypertension slowly resolved allowing for titration off all hypertensive agents. The patient went on to deliver a healthy baby boy by elective caesarean section at 39 weeks gestation.

This case highlights the importance of considering a wide differential when managing refractory hypertension in pregnancy. Atypical causes of hypertension should always be considered in patients exhibiting medication resistance and other unusual features. A multidisciplinary approach was invaluable in this case, allowing for swift diagnosis and treatment and a positive outcome for both mother and baby.

Hb-SD haemoglobinopathy in pregnancy- a rare but highly morbid condition.

Warda Sajjal¹, Isma Rehman¹, Hifsa Sial²

¹Women Christian hospital, Multan, Pakistan. ²Mayo university hospital, Mayo, Ireland

Abstract

Haemoglobinopathies are autosomal recessive disorders of haemoglobin synthesis or structure that are responsible for significant morbidity and mortality world wide.

Hb D(Punjab) is most common subvariant of Hb D. Hb D when associated with Hb S(sickle gene) clinical conditions as sickling disease of moderate severity can occur.

We report a case of Hb SD in pregnancy.A 24 year Gravida 4 para 2 abortion 1 (previous 2 still births at term). Presented to women Christian hospital at 6 months of pregnancy with a urinary tract infection. On investigation she was found anemic. She had no formal antenatal care.She gave history of multiple blood transfusions in past without work up for anemia. Her HB.electrophoresis report showed Hb SD disease.With good fetomaternal surveillance she delivered an alive baby girl at 37 weeks.

We found out that Hb SD disease is under reported due to lack of awareness.offering haemoglobinopathy screening to couple and prenatal testing can prevent 25% vertical transmission.

HOW DO MEDICAL STUDENTS RATE THEIR LEARNING EXPERIENCE AT THE GYNAECOLOGICAL ONCOLOGY MULTIDISCIPLINARY TEAM MEETING? A COMPARISON OF ATTENDANCE IN-PERSON AND ONLINE DUE TO COVID-19 EXIGENCY.

Amina Javaid^{1,2}, Noreen Gleeson¹, Aleksandra Sobota³, Yulia Shahbuddin¹

¹St.James's Hospital, Dublin, Ireland. ²Trinity College Dublin, Dublin, Ireland. ³Mayo University Hospital, Castlebar, Ireland

Abstract

Introduction- Multidisciplinary clinical team meetings (MDTm) are a key component of best practice in Gynaecological Oncology. The forum is used to establish the diagnosis and plan optimum and evidence-based treatment pathways. Traditionally the MDTm is included in the undergraduate medical students' weekly timetable but its value to students has not been previously assessed. The Covid-19 pandemic resulted in a shift from in person (IPA) at MDTm to an entirely online attendance (OLA). We sought to evaluate the student experience.

Methods - This online anonymised survey of the student experience of MDTm straddled two academic years to allow comparison of the student experience of in person and remote attendance.

Results - Clinical exposure to patients discussed at MDTm was severely restricted by the Covid-19 pandemic. The ratings of the overall education value of MDTm, the clinical discussion and histopathology components were similar in both groups. There was a trend towards a higher rating for the radiology and treatment planning components by students OLA than the IPA. The student free text suggestions were constructive.

Conclusion - Medical students find the MDTm in Gynaecology Oncology useful and are not compromised by the move to a remote online platform except for their direct access to patients.

Keywords-Gynaecological Cancer; Multidisciplinary team meetings; Medical students; Remote learning; Covid-19 exigency

Abbreviations

Mutidisciplinary team meetings (MDTm)

Online attendance (OLA)

In-person attendance (IPA)

SPONTANEOUS FETAL BLADDER RUPTURE: A CASE-BASED APPROACH AND NARRATIVE REVIEW OF DEVICE CHOICE FOR INTRAUTERINE PLACEMENT

Alex Taylor, CY NG, Consol Plans, CD McKeown, Andrea Corcoran, Roy Phillips, John Slevin, Mendinaro Imcha

University Maternity Hospital Limerick, Limerick, Ireland

Abstract

Fetal bladder rupture (FBR) is a rare complication resulting from bladder outlet obstruction (BOO) primarily due to posterior urethral valves (PUV). BOO is diagnosed with ultrasonography and bladder rupture is identified with colour doppler. Due to the high morbidity and mortality, FBR management warrants timely and efficient case-specific approaches including conservative choice, vesico-centesis or shunting and termination of pregnancy (TOP). Both peritoneo-amniotic shunts (PAS) and vesico-amniotic shunts (VAS) are available. There is a lack of literary evidence identifying the most successful device.

This manuscript conducts a narrative review which aims to supplement the paucity of current evidence and describes an unusual presentation of FBR that required vesico-centesis and fluid analysis for diagnostic confirmation.

This study involved both Obstetric and Neonatal specialists managing a rare case of FBR using ultrasonography, vesico-centesis and surgical techniques. A comprehensive and detailed narrative review identified the risks and benefits of shunt devices available.

The choice of commercially available VAS devices include Rocket KCH Fetal Bladder Catheter®, Harrison Fetal Bladder Stent®, and Hakko shunt / Double-basket catheter® which are guided by availability, gestational age and physician preference.

The Rocket® KCH™ bladder drain is the most preferred device in the Western population to use due to a lower risk of displacement. The unusual presentation of a primigravida at 32 weeks gestation required antenatal diagnostic vesico-centesis to confirm FBR. The infant was delivered two days post procedure due to PROM, transferred to tertiary center for urgent corrective surgical and subsequent genetic report detected a 22q11.21 microduplication.

LGBTQ+ in O&G in IRL

Fionán Donohoe¹, Maggie O'Brien², Cliona Murphy^{3,4}

¹Mater Misericordiae University Hospital, Dublin, Ireland. ²National Maternity Hospital, Dublin, Ireland. ³Coombe Women and Infants' University Hospital, Dublin, Ireland. ⁴Institute of Obstetricians and Gynaecologists, Dublin, Ireland

Abstract

Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ+) identity has become more prevalent due to changing societal attitudes. However, relatively little is known about the experiences of LGBTQ+ patients and even less about the experiences of LGBTQ+ doctors.

We surveyed doctors working in Ireland about their experiences witnessing and/or experiencing discrimination based on LGBTQ+ status. Here, we focus on the responses from respondents working in Obstetrics & Gynaecology (O&G).

A survey was circulated on social media and through the training bodies and other professional networks to explore these experiences.

There were 503 responses to the survey. 12.3% identified O&G as their primary specialty. 66.1% were working as registrar but all grades were represented. 22.6% had witnessed homophobia or transphobia against patients in the past 5 years. 17.7% had witnessed discrimination against LGBTQ+ colleagues. 79% had never received training about LGBTQ+ issues.

32.3% of respondents identified as LGBTQ+. 40% had experienced discrimination at work and 40% felt being LGBTQ+ had affected or could affect their career. 85% felt LGBTQ+ role models were important but only 40% could identify a LGBTQ+ role model. Qualitative responses about issues and challenges faced by LGBTQ+ doctors in O&G were also provided as well as suggestions for improvement. Creation and promotion of visibility was a common theme features across both these questions.

Specific training about diversity and inclusion for doctors is required to benefit both LGBTQ+ patients and staff. Cultivating an environment which fosters visible LGBTQ+ role models is important for optimum trainee experience.

“THE ROAD TO BST” : IMPROVING KNOWLEDGE REGARDING BST APPLICATIONS AMONG THIRD AND FINAL YEAR MEDICAL STUDENTS AT THE UNIVERSITY OF LIMERICK

Alex Taylor¹, Kristyn Dunlop¹, Sally Cahill², Darren Rattigan², Alice Whelan², Mendinaro Imcha¹

¹University Maternity Hospital Limerick, Limerick, Ireland. ²University Hospital Limerick, Limerick, Ireland

Abstract

Career guidance for medical students is often a neglected element of medical education. Information regarding the Basic Specialist Training (BST) application process is poorly distributed which can subsequently delay future career advancement.

The aim is to determine the knowledge of medical students in the University of Limerick (UL) regarding the BST application process and to create programme-specific training pathways to allow students to gain early knowledge of what is required for the BST application.

A prospective study, using survey-based questions, was designed to identify gaps in knowledge regarding future application requirements for the BST. A second survey was designed for RCPI subspecialties to assess knowledge of students in their field of interest. Results of the surveys were utilised to design information leaflets.

85 students from UL were surveyed on general knowledge of the RCPI BST applications. 97.65% reported they had not received any information about the BST application process. Students placed more emphasis on research and clinical acumen than centile ranking, which does not reflect the importance placed on centile ranking in all RCPI BST subspecialties. The opening and closing dates of the applications were unknown. 96% of students felt that the distribution of documents enhanced their knowledge of the application process.

This pilot study highlighted the gaps in medical education regarding future career progression. Students were not aware of the importance of centile ranking and early exposure to research in their field of interest. The information leaflets highlighted important information allowing them ample time to enhance their future applications.

A RETROSPECTIVE REVIEW OF PATIENTS REFERRED TO THE DIABETIC ANTENATAL CLINIC – ULTRASOUND FINDINGS AND NEONATAL OUTCOMES

Alex Taylor, Donna Sinnott, Emer O'Malley, Asish Das

Wexford General Hospital, Wexford, Ireland

Abstract

Gestational diabetes mellitus (GDM) is diagnosed in 10% of all pregnancies worldwide and is associated with increased risk of adverse perinatal outcomes. Timely diagnosis and intensive management of GDM is associated with decreased maternal and foetal morbidity and mortality.

The aim of this review is to assess the incidence of GDM in Wexford General Hospital (WGH) in 2020, identify risk factors and record ultrasound findings. The management of these patients and neonatal outcome is also discussed.

A retrospective review was performed including all patients with diabetes mellitus in pregnancy in WGH in 2020. Data was collected from patient charts and included risk factors for GDM, ultrasound findings and management with diet with or without insulin. The timing and mode of delivery was also assessed.

Of the 84 patients attending the clinic, 95.2% of these were diagnosed with GDM. Obesity was the most common risk factor with 46.5% of patients having a BMI $>30\text{kg}/\text{m}^2$. The majority of women (63.7%) were managed by diet control and the remaining 26.3% required insulin. Ultrasound identified large gestation age (LGA) in 15%, polyhydramnios in 2.5% and 3.8% reported both. The mean gestational age for delivery was 38.7, with 45.3% SVD, 15.1% instrumental and 27.9% LSCS. The mean birth weight was 3443g, with 11.6% of the neonates $\geq 4\text{kg}$.

In this cohort, obesity was the most common risk factor and the majority of these patients were diet controlled successfully. The minority of ultrasounds reported LGA and/or polyhydramnios and the mean birth weight was 3443g.

ATTITUDES OF HEALTHCARE PROFESSIONALS TO DRAFT NATIONAL LEGISLATION ON ASSISTED HUMAN REPRODUCTION (AHR) IN IRELAND

Amy Giblin^{1,2,3}, Laurentina Schaler^{2,3,1}, Louise E Glover^{2,3,1}, Mary Wingfield^{2,3,1}

¹School of Medicine, University College Dublin, Dublin 4, Ireland. ²Merrion Fertility Clinic, Dublin 2, Ireland. ³National Maternity Hospital, Holles Street, Dublin 2, Ireland

Abstract

Assisted human reproduction (AHR) is one of the most rapidly evolving specialties in medicine (1). AHR legislation is essential to protect the rights of those accessing and providing AHR services. Ireland is one of the only countries in the EU which lacks specific AHR legislation. The General Scheme of an AHR Bill was published in 2017 and reviewed by the Oireachtas Joint Committee on Health in 2018/2019 (2). It awaits review by the Houses of the Oireachtas.

The aim of this study is to investigate the attitudes of relevant healthcare professionals (HCPs) towards the draft AHR Bill.

A detailed questionnaire was developed based on all clinically relevant aspects of the draft Bill. This was distributed electronically.

245 responses have been received and analysed. Over 90% of respondents feel that Ireland should establish a regulatory authority for AHR. More than 90% also support a wide range of AHR treatments including IVF, egg, sperm and embryo freezing, egg and sperm donation and pre-implantation genetic testing. A majority support surrogacy, embryo research and new technologies. The majority support access to treatment for all, regardless of relationship status or chosen gender. Interestingly, a significant majority disagreed with some of the Bill's proposals e.g. around surrogacy, age limits and posthumous conception.

These findings support the argument that national legislation on AHR is both needed and desired by HCPs working in Ireland. It is hoped that the results of this study will help inform the proposed national AHR legislation as it nears completion.

TWO CASES OF PRE TERM DELIVERY AS A RESULT OF COVID PLACENTITIS

Niamh Keating, Laura Aalto, Nikhil Purandare, Katharine Astbury

University Hospital Galway, Galway, Ireland

Abstract

We present two cases of Covid placentitis in women with mild COVID-19 infection who were delivered pre term. The first, a P2 of Asian ethnicity presented with reduced fetal movements at 31/40 on a background of a positive COVID-19 swab 10 days prior. She reported a mild cough and was unvaccinated against COVID-19. CTG showed reduced variability with oligohydramnios on ultrasound. A Caesarean Section was performed. A liveborn male was delivered, weighing 1.71kg, APGAR 8,9. The infant's swab on DOL 2 was not detected. He was admitted to NICU and discharged home at a corrected gestational age of 34/40. A second patient, also unvaccinated, P3 of Eastern European ethnicity presented at 25/40 with severe abdominal pain and underwent an emergency caesarean section for placental abruption. She tested positive for COVID-19 one week prior. The infant had a negative swab and was transferred to a tertiary unit for management of extreme prematurity.

Placental histology for both cases confirmed chronic histiocytic intervillitis, associated massive perivillous fibrinoid deposition with extensive syncytiotrophoblast necrosis, in keeping with covid placentitis.

While the majority of women with covid-19 have mild infection there is an increased risk of severe disease, ICU admission as well as pre term delivery and Caesarean section. Covid placentitis is a rare but recognised complication of covid-19 in pregnancy. Cases reported to date have been in unvaccinated individuals. These cases highlights the potential for severe placental disease in the setting of mild COVID-19 infection, and the need for vigilance among patients and caregivers

PAIN RESOLUTION AND FUNCTIONAL OUTCOMES OF TOTAL MESH EXCISION- A CASE SERIES

Breffini Anglim¹, Zi Ying Zhao², Nucelio Lemos¹

¹Division of Female Pelvic Medicine and Reconstructive Pelvic Surgery, Department of Obstetrics and Gynaecology, Mount Sinai Hospital, University of Toronto., Toronto, Canada. ²Faculty of Medicine, University of Toronto, Toronto, Canada

Abstract

Vaginal mesh-related pain has gained a lot of attention since the 2008/2011 FDA announcements. We aimed to assess the impact of total excision of MUS/vaginal mesh on patient pain levels and to report on SUI, sexual function and quality of life measures.

This is a retrospective analysis of patients who underwent total MUS/vaginal mesh excision from March 2017 to Dec 2019. The primary outcome was the impact on pain assessed by a Numeric Rating Scale (NRS). Questionnaires analysed were: Pain catastrophising scale, Pelvic Floor Distress Inventory SF-20, Female Sexual Function Index, and McGill pain Index questionnaires.

Thirty-six women underwent total mesh excision within the inclusion period; with data available for 35/36. Types of mesh removed were: 14 (38.9%) transobturator midurethral slings, 13 (36.1%) retropubic midurethral slings, 4 (11.1%) mini-slings, 1 (2.8%) mesh sling placed by laparotomy, 3 (8.3%) sacrocolpopexy mesh, 1 (2.8%) Prolift® mesh. Pain was the reason for referral in 34/36 (94.4%) patients. Nineteen (52.8%) women had previously undergone one or more partial vaginal mesh excision procedures. Mean pain NRS reduced from 5.95 pre-operatively to 3.4 post-operatively. Post-operatively, ten (27.8%) patients reported subjective symptom improvement, 12/36 (33.3%) reported cure of pain, 2/36 (5.6%) reported no change in pain and 11/36 (30.6%) reported new/worsening pain. Post-operative complications occurred in 8 (22.2%) patients. Nineteen (52.8%) reported SUI post-operatively.

Total MUS/vaginal mesh excision is associated with high complication and SUI recurrence rates and is counter-balanced by a 61.1% pain improvement rate. This data is pertinent for patient counselling.

Post-partum seizure with hyponatraemia following oxytocin infusion; a case report

Lisa O'Sullivan, Tara Ibrahim

The Rotunda, Dublin, Ireland

Abstract

Hyponatraemia is the most common electrolyte disorder in clinical practice and is often an incidental finding. This hypo-osmolar state indicates an excess of water relative to solute with several aetiologies that can be diagnosed by assessment of volaemic status, and urinary sodium and osmolality. Severe hyponatraemia is associated with profound morbidity including seizure, coma, and permanent neurological damage. We present a case of post-natal seizure with severe hyponatraemia following spontaneous vaginal delivery and post-partum haemorrhage managed with oxytocin infusion and injection.

A READUIT OF THE MANAGEMENT OF ANAL SPHINCTER INJURY.

Bernard Kennedy, Fahad Iftikhar, Karim Botros, Mairead Butler

University Hospital Waterford, Waterford, Ireland

Abstract

Background

Obstetric Anal Sphincter Injury (OASI) is a known risk in Vaginal delivery. Risk factors include being Primigravida, Operative Vaginal Delivery, and Foetal Size. Timely identification and repair are essential in delivering Obstetric care.

Purpose

This re-audit assessed the demographic of patients with OASI and the methods of repair in our unit, and compare results to previous Audit of Practice performed in 2017

Methods

Cases of OASI from September 2020- September 2021 were identified from the hospital birth registry and their medical notes reviewed. Information regarding Parity, Mode of Delivery, Location and Method of repair were recorded.

The introduction of HST courses on OASI repair and the greater emphasis placed on identification of OASI was deemed the intervention since the initial audit.

Results

33 cases were identified. All repairs were performed with adequate analgesia and in an appropriate environment.

OASI was repaired inline with best practice in all cases. Follow-up was appropriate in nearly all cases.

Conclusions

This compares favourably to the results in 2017, showing that ongoing education and training courses are improving and standardising this aspect of Maternity care.

A Case of Complex Adnexal Mass in Pregnancy

Rebecca Hunter, David Synnott, Deirdre Hayes-Ryan

Cork University Maternity Hospital, Cork, Ireland

Abstract

We present the case of a 36 year old primiparous woman in Cork University Maternity Hospital with an uneventful antenatal course until at 37+4 when at a routine antenatal appointment she had an incidental finding of a large complex cystic mass likely arising from her right ovary. The mass was 14 x 13 x 9cm with septations and vascularity present. There was no free fluid noted. She has conceived through in-vitro fertilisation and multiple ultrasounds in early pregnancy revealed normal ovarian views. Her dating and anomaly scans were also unremarkable. She had no relevant medical history and was of normal BMI.

She underwent elective caesarean section at 37+6 weeks gestation. A midline laparotomy was performed to facilitate ovarian access. At the time of surgery bilateral multi-cystic complex ovarian masses were identified with intra-abdominal free fluid present. As consented for pre operatively, a right salpingo-oophorectomy was performed following routine caesarean delivery. Histology confirmed benign luteinised follicular cysts without atypia and she made a good recovery.

Up to 4% of pregnant women will have an adnexal mass identified in pregnancy however an adnexal mass of >5cm at term is unusual. Differential diagnosis include; hydrosalpinx, benign and malignant neoplasms and masses originating in tissues proximal to the adenexa. All of the above are more difficult to diagnose with a gravid uterus. The likelihood of malignancy is rare but must be considered. Dependent on the likely underlying pathology, an individualised approach to timing, location, operator and mode of delivery should be adopted.

AN AUDIT OF POST-PARTUM BLADDER CARE AND SUBSEQUENT MANAGEMENT OF URINARY RETENTION

P. O'Dwyer, A. Freyne

Our Lady of Lourdes Hospital, Drogheda, Ireland

Abstract

Women in the immediate postpartum period may be asymptomatic of urinary dysfunction and retention. Nerve injury during delivery or regional anaesthesia may reduce bladder sensation. Early recognition and management is important in preventing long term sequelae such as incontinence and recurrent urinary tract infections¹.

To assess local adherence to the national guideline on post-partum urinary retention specifically focussing on early identification and management of urinary retention and voiding dysfunction.

An audit was performed retrospectively on all post-natal women over a 3 week period. Data collection included mode of delivery, type of anaesthetic, catheter use and postpartum bladder care including time of voids, micturition volume and appropriate trial without catheter. Further information was collected regarding the management of those that met the criteria for covert urinary retention. Use of the hospital proforma designed to aid documentation of the above information was also assessed.

A total of 93 women were included in the audit. We found that 43 women had an in-dwelling catheter inserted. Of this group, 84% had an appropriately timed trial without catheter. We saw that 21 women did not void within 6 hours of delivery or TWOC and of these only two were assessed for urinary retention and re-catheterised. Overall, 32% of women did not have two voids >200ml documented prior to discharge home and 62% of women did not have their bladder sensation documented.

Improved use of the local proforma may alert staff to women showing evidence of bladder dysfunction and allow for early introduction of conservative measures.

PLASMA CELL VULVITIS, OR ZOON'S VULVITIS CASE REPORT

Mohamed Elshaikh, Reham Alkhalil, Sahr Yambasu, Naomi Burke

Connolly hospital Blanchardstown, Dublin, Ireland

Abstract

Background:

Plasma cell vulvitis, or Zoon's vulvitis, is a rare, benign, idiopathic, chronic inflammatory condition that affects the vulva. In 1952, Zoon reported a histological plasmacytic infiltrate, called balanitis plasma cellularis, which affected the penis and prepuce. Similar lesions identified in the vulva were reported by Garnier in 1954 and described as Zoon's vulvitis.

This condition are rarely described in literature.

Case Presentation:

A 59 year old female, para 5, attended the gynaecology outpatient department with a year history of vulval irritation. She had tried several different treatments including antifungals, antibiotics and oestrogen creams with no response. She had changed several different washing powders and creams with no significant improvement. On examination she had excoriated, erythematous skin over the clitoral hood and extending into the labia on the right and left. A punch biopsy was taken under local anaesthesia. Histology showed features of a plasma cell rich lichenoid inflammatory infiltrate and is suggestive of a plasma cell vulviti. She was trialled on dermovate ointment but showed minimal response after 6 weeks. 6 weeks of further therapy showed significant improvement. However, some fusion of the labia was noted.

The cases of plasma cell vulvitis described in the literature have been treated with various different therapies. Topical steroids creams, intralesional injections have been used with varying degrees of success. Retinoid therapy and interferon have shown benefit in a few patients .Other methods tried including antifungal and antibiotics preparations, caudal nerve blocks, cryotherapy, and simple excision.

Our patient responded on steroids.

Trends in Tramadol prescribing over a six month period in CUMH - exploring incidences and rationale for Tramadol prescribing in the postnatal period.

Marie Dromey, Maebh Horan, Elmarie Cottrell, Mairead O'Riordan

Cork University Maternity Hospital, Cork, Ireland

Abstract

Background: There is currently no national approved obstetric analgesia ladder. A variety of medications are typically used in the postnatal period including opioid analgesia. Tramadol is commonly used in the postnatal period, however is reported to lower the seizure threshold and has also been linked with new onset seizures as well as undesired side effects such as hypoglycemia, serotonin syndrome, withdrawal symptoms and addiction. We explored why tramadol was prescribed and other factors such as mode of delivery, comorbidities and length of stay postnatally.

Aims/objectives: To assess and examine the use of Tramadol as a postnatal analgesia in CUMH.

Methods: This was a retrospective audit of patients who had been prescribed Tramadol in CUMH during a six month period in CUMH. The data was collated, analysed, and presented at a hospital management level.

Results: Over 500 patients were prescribed Tramadol during this period. A number of patients received several doses. There is a difference between postnatal wards for rates of Tramadol prescribing.

Discussion: Given Tramadol's associated risks, patients are often prescribed this medication postnatally without clear justification or rationale. Notably, there is no obstetric analgesic ladder or guideline available to aid prescribing of postnatal analgesia. Given the variation in analgesia prescribed between wards, we identified a need for education and guidance for prescribing in the postnatal period.

A CENSUS OF OBS&GYNAE NCHDs WORKING IN IRELAND

Bernard Kennedy, JOGS Committee

JOGS Ireland, Dublin, Ireland

Abstract

Background

Obstetric and Gynaecology care is provided in 25 public hospitals throughout the country, which are a diverse range of HSE and Voluntary Hospitals, Maternity Units, and General Hospitals. All hospitals employ trainees, and also rely on non-training posts.

The Junior Obstetrics and Gynaecology Society advocate for the training conditions of all doctors working in Obs&Gynae. In order to gain a complete picture of the cohort of doctors being represented, the Society aimed to undertake a census of all units in the country.

Purpose

The aim of this study was to establish the numbers and basic demographics of all doctors working in Obs&Gynae in the Republic of Ireland.

Methods

A NCHD representative from every relevant hospital was contacted by a member of the JOGS committee, and invited to participate. A proforma was sent to and completed by the doctor for their unit.

Results

Responses were received for all required hospitals in the country.

In total there are over 360 doctors working in Obs&Gynae in Ireland in September 2021; 60% at Registrar level and 40% as SHOs. 29 doctors are part-time clinical, with the majority of these undertaking fellowship training. The majority(75%) of NCHDs are Female. BST/ HST Trainees account for 40% of all doctors included.

Conclusions

This is the first time that a clear overview of the numbers of all NCHDs working in our speciality is available. This information can be valuable to policy makers when any changes to training and service provision are planned.

A CASE REPORT: POSTPARTUM HAEMORRHAGE IN THE SETTING OF AN UNDIAGNOSED MÜLLERIAN ANOMALY

Sarah L O'Riordan, Mohamed Elshaikh, Donal O'Brien, Stephen Carroll

The National Maternity Hospital, Dublin, Ireland

Abstract

Postpartum hemorrhage (PPH) is a major cause of maternal morbidity worldwide. Identification of risk factors for PPH in the antenatal period improves outcomes by allowing for adequate preparation to occur prior to delivery. Müllerian duct anomalies (MDA) predispose patients to uterine atony. Although this risk is accepted, the management of PPH in the setting of an MDA has not been elaborately discussed in evidence-based literature.

We discuss our experience of managing a patient with this unusual presentation.

A literature review and case report of a term pregnancy complicated by PPH in a primigravida with a bicornuate uterus.

A primigravida with a maternal history of right-sided renal agenesis was delivered by caesarean section following a failed induction of labour at 42 weeks. During delivery, an intramural fibroid was noted at the left cornua. She became haemodynamically unstable post-operatively, with a drop in haemoglobin to 6.7g/dl. Emergency laparotomy identified an atonic uterus, and an 800ml clot was expelled from the cavity. On re-inspection of the anatomy, the suspected fibroid was identified as the left horn of a bicornuate uterus. Tone improved following clot evacuation, re-closure of the hysterotomy, fundal massage, and an infusion of oxytocin.

Several obstetric complications associated with MDAs have been reported on, including first and second trimester spontaneous abortion, preterm delivery, malpresentation, fetal growth restriction, caesarean delivery, and both antepartum and postpartum haemorrhage. Obstetricians must remain wary of these malformations, and in the antenatal setting, a maternal history of other congenital anomalies should perhaps warrant investigation for MDA.

Smooth Muscle Tumours of Uncertain Malignant Potential (STUMP): A case report.

Oladayo Oduola¹, Elizabeth Tunney², Kushal Chummum²

¹Connolly hospital, Dublin, Ireland. ²Connolly, Dublin, Ireland

Abstract

Smooth muscle tumours of uncertain malignant potential (STUMP) is a smooth muscle tumour that cannot be distinguished as leiomyosarcoma and cannot meet the diagnostic criteria of leiomyoma or its subtypes but it may have malignant behaviour.[1] Uterine smooth muscle tumour of uncertain malignant potential (STUMP) is an incredibly rare tumour and there is currently no standard criteria available for monitoring patients with STUMP tumours.[2] Due to the rare nature of this disease and inconsistency in diagnostic criteria, the true prevalence of STUMP is difficult to determine.[3] Clinical features associated with STUMP are comparable to those which present with leiomyoma namely abnormal uterine bleeding, pelvic masses and pelvic pain[4]. (as was present in this case). There are currently no identified risk factors associated with the diagnosis of STUMP.[5]

We report the case of a 49-year-old parous female with a 2-year history of menorrhagia on the background of a large 18 x 1 x12 cm fibroid who underwent a midline total abdominal hysterectomy and histology was reported as a hypercellular smooth muscle lesion with atypical large cells and degenerative change. The provisional differential diagnosis was reported as between a hypercellular leiomyoma versus a leiomyoma with bizarre nuclei. The histology team sent the slides for an expert opinion, and then came up with the diagnosis of STUMP

Keywords: Smooth Muscle Tumour of uncertain malignant potential (STUMP), neoplasms, leiomyosarcoma, leiomyoma, fibroid.

PREGNANCY OUTCOMES FOLLOWING RECURRENT FIRST TRIMESTER MISCARRIAGE: A RETROSPECTIVE COHORT STUDY

Laura Linehan^{1,2}, Indra San Lazaro Campillo², Sarah Meaney³, Muhamad Hanif Ariffin², Orla O'Connell⁴, Keelin O'Donoghue^{1,2}

¹The Irish Centre for Fetal and Neonatal Translational Research, Cork, Ireland. ²Department of Obstetrics and Gynaecology, University College Cork, , Ireland, Cork, Ireland. ³National Perinatal Epidemiology Centre, Department of Obstetrics and Gynaecology, University College Cork, Cork, Ireland. ⁴Cork University Maternity Hospital, Cork, Ireland

Abstract

Recurrent miscarriage (RM) is defined as three or more consecutive miscarriages. RM is a risk factor for subsequent adverse pregnancy outcomes including preterm birth, perinatal death and secondary infertility.

The aim of this study was to identify the subsequent pregnancy outcomes in a cohort of women with experience of RM, in particular the live birth rate, miscarriage rate and other adverse pregnancy outcomes.

Women attending the pregnancy loss clinic at a tertiary referral university hospital between 2008 and 2016 with a confirmed diagnosis of primary or secondary RM were included in the study. Recurrent pregnancy loss with non-consecutive losses, second-trimester miscarriage or stillbirth, termination of pregnancy or ectopic pregnancy were excluded. Epidemiological and clinical information was gathered from medical records and descriptive statistics applied.

Overall, 478 women were eligible for inclusion. 215 (45%) had primary RM, 363 (55%) had at least one previous livebirth. The median age was 36 (range 19-47) with 61% of women aged at least 35. Recommended pharmacological treatments included aspirin (n=449), progesterone (n=236), tinzaparin (n=86), thyroxine (n=10) and prednisolone (n=4). 355 women had a subsequent pregnancy (74.3%); 215 (45%; 215/478) had a live birth, 130 had a further miscarriage (27%) and 10 women (2%) had other pregnancy outcomes (stillbirth, ectopic). The cumulative live birth rate was 64% (307/478), falling to 44% amongst those aged 40 and over.

Our findings confirm RM occurs more frequently in women over 35. Furthermore, age is a prognostic indicator for livebirth after RM. These findings will aid counselling in this cohort.

A RETROSPECTIVE RE-AUDIT REVIEWING THE CANCER REFERRAL AND DIAGNOSTIC PATHWAY FOR PATIENTS WITH ENDOMETRIAL CANCER IN MAYO UNIVERSITY HOSPITAL (MUH)

Jerilyn Lee¹, David J Rooney², Gillian Corbett³, Méabh Ní Bhuinneáin^{3,1}

¹National University of Ireland, Galway, Galway, Ireland. ²Cork University Maternity Hospital, Cork, Ireland. ³Mayo University Hospital, Castlebar, Ireland

Abstract

Endometrial cancer (EC) is the most common gynaecological malignancy, increasing in incidence over the last two decades. Two-thirds of women are diagnosed at localised stages curable by surgery, emphasising the importance of early assessment and diagnosis.

A 2018 audit (n=51) of the MUH Ambulatory Gynaecology (AG) endometrial cancer patients identified a median time from referral to first AG appointment of 31 days (2-226), while the median time from referral to diagnosis was 51 days (4-400). A separate post-menopausal bleeding (PMB) fast track has since been established in MUH to provide expedited access to AG services for urgent patients.

This study aims to evaluate the effectiveness of the PMB track by reviewing the management of patients diagnosed with EC, using key performance indicators.

A retrospective analysis of patients with EC in MUH from March 2018 to June 2021 (n=33) was performed. Patient data was collected through electronic medical records, with triangulation to physical charts and hospital laboratory systems.

The mean age of the thirty-three patients was 66.2 years. Main presenting complaints included PMB (27/33), heavy periods (3/33) and abnormal endometrial imaging (3/33). The median time taken from referral to first AG appointment is 24 days (3-135), and the median time taken from referral to EC diagnosis is 36 days (7-197). The median time taken from diagnosis to initial treatment (hysterectomy) increased from 60 to 63.5 days (32-103). Statistically significance was not reached between the two cohorts.

Evaluation of key indicators demonstrates the PMB track is trending towards a shorter diagnostic timeline.

Double-vacuum technique for safe vaginal delivery of persistent brow presentation

Ciara Nolan, Michael Wilkinson, Mark Skehan

University Maternity Hospital, Limerick, Limerick, Ireland

Abstract

Brow presentation is rare, occurring in 6-14 per 10,000 deliveries. The malpresentation is due to hyperextension of the fetal neck, presenting a wider diameter of the head into the maternal pelvis, and usually requires delivery by Caesarean Section. The diagnosis is often made in advanced labour, as dilation of the cervix allows clearer assessment of the fetal position. Emergency Caesarean Section in late-first or second stage labour is not without its risks. We describe three cases of brow presentation that were successfully delivered vaginally with a novel double-vacuum technique, avoiding the need for Caesarean Section.

Our series of 3 cases involves three multiparous women who presented in spontaneous labour at term. Each was found to have the fetus presenting with a brow, mento-anterior, resulting in failure to progress in the second stage. The first Kiwi cup was applied as posteriorly as possible on the crown of the fetal head. Mild traction was applied slightly elevating and flexing the head, allowing room for a second Kiwi cup to be applied behind the first cup. The first Kiwi was removed and traction was applied to the second Kiwi. As the second Kiwi was now in position over the flexion point, minimal traction was required thereafter to deliver the head. In two cases, the fetal head rotated to occipito-anterior for delivery, while one remained occipito-posterior.

This demonstrates that the double-vacuum technique is a clever, safe and effective way of correcting fetal malpresentation.

VULVAL MELANOMA CASE REPORT

Reham Alkhalil¹, Humaira Amir², Mohamed Elsheikh³, Sucheata Johnson²

¹Limerick General Hospital, Limerick, Ireland. ²Limerick Maternity Hospital, Limerick, Ireland. ³National Maternity Hospital, dublin, Ireland

Abstract

Introduction

Mucosal Melanomas is a cancer derived from melanocytes and account for 1% of all cancers, Vulval melanoma are the most common genital tract melanoma, 76.7%of cases,with an incident of 0.1 in 100 000, precluding randomised controlled trials with a very poor prognosis (15 % 5 years survival)

The median age of diagnosis of vulval mucosal melanoma is 68 years and more than 90% occur in white women, unlike the cutaneous melanomas, vulval once are not thought to be caused by ultraviolet exposure because they arise in areas that are not exposed to sunlight.

Case Presentation

We present an 80 years old Irish female with stage T4bN0M0 Melanoma of clitoris, this patient initially presented with 2 month history of postmenopausal bleeding on and off , a pigmented ulcerated vascular 2X2cm lesion was identified over her clitoris She stated that over the last 2 month the lesion has grown fast.

We did an excisional biopsy under local anesthetic and the histopathology came as nodular malignant melanoma, then patient was referred to gynaecology oncology service

Surgical resection is the current standard of care for female GU melanoma, as it is the only viable treatment option for attaining long-term survival. Radical vulvectomy with either ipsilateral or bilateral inguinofemoral lymphadenectomy was previously the treatment of choice for vulvar melanoma, regardless of tumor thickness, depth of invasion, or site

Overall, patients diagnosed with metastatic disease have a poor prognosis regardless of the surgical approach. These patients can benefit from preoperative radiotherapy to reduce size of tumor.

MANAGEMENT OF HYPERTENSION IN PREGNANCY: ARE WOMEN WITH PREEXISTING HYPERTENSION RECEIVING PRECONCEPTUAL COUNSELLING ?

Modupeoluwa Iroju-Williams¹, David Ayodele Aina², Nor Azlia Abdul Wahab³

¹Department of Obstetrics and Gynaecology Our lady of Lourdes Hospital, Drogheda, Ireland. ²Cork University Maternity hospital, Cork, Ireland. ³Our Lady of Lourdes Hospital, Drogheda, Ireland

Abstract

M.A Iroju-Williams¹, D.A Aina², Nor Wahab¹

¹Department of Obstetrics and Gynaecology. Our Lady of Lourdes Hospital Drogheda

²Cork University Maternity Hospital, Cork.

Background: Hypertension is a leading cause of maternal and neonatal morbidity and mortality in pregnancy¹. Pre-conceptual counselling for women with pre-existing hypertension will reduce maternal and neonatal complications in pregnancies ². Some pregnant women with pre-existing hypertension are unaware of the need to change antihypertensive medications on becoming pregnant and adapt certain lifestyle changes^{1,2}. Preconceptual counselling before planning a pregnancy will lead to better maternal and neonatal outcomes.

Aim: Assessing the role of preconceptual counselling in the postnatal period for subsequent pregnancies.

Methods: Retrospective chart review. Pregnant Women at booking appointments were identified as having preexisting hypertension. Anonymised data collected and entered onto a pre-formed Microsoft Excel Data spreadsheet. Included patient demographics, antenatal course, and postnatal outcomes. Simple data analytics were applied.

Results: Seventeen Women with preexisting hypertension were identified. Nine (52.9%) were primips and 8 (47.1%) were multips. Average gestation was 12 weeks. Ten (58.8%) were commenced on Aspirin at booking, while 7 (41.2%) declined. Women had a minimum of 4 scans , and 4 babies with fetal growth restriction were identified. No preconceptual counselling was given.

Conclusion: Offering preconceptual counselling to ‘targeted patients’ will enable them adequately plan future pregnancies with a focus on modifiable risk factors, leading to safer pregnancies, and reducing maternal and neonatal complications in subsequent pregnancies.

References:

1. Management Of Hypertension In Pregnancy. RCPI Clinical Guidelines
2. Hypertension in Pregnancy: Diagnosis and Management. NICE Guidelines

DISCHARGE TO GP? A QUALITY IMPROVEMENT PROJECT TO IMPROVE POST-NATAL FOLLOW UP IN WOMEN WITH ADVERSE PERINATAL OUTCOMES.

Lorna Ann Smith, Khadija Ismail, Ronan Daly, Anna Deasy, Nora Vallejo, Leanne Kavanagh, Mark Hehir, Michael O'Connell

Department of Obstetrics and Gynaecology, Coombe Women and Infants University Hospital, Dublin 8, Ireland

Abstract

Postnatal follow-up is a vital part of obstetric care. There are a number of patients that require postnatal care with the primary obstetric team. The aim of this project was to improve hospital follow-up rate among those who require it. The objectives of this quality improvement project were; 1. To draw up a list of events identified as adverse perinatal outcomes requiring hospital follow-up. 2. To perform an audit to identify patients who were not offered appropriate postnatal care. 3. To conduct a teaching session with non-consultant hospital doctors and Midwifery staff, to improve knowledge of discharge planning. This was a Quality Improvement project carried out over a 3 month period (February-May 2021), using the patient charts of those identified during a Clinical Risk Morbidity and Mortality (CRTM) meeting. An audit was performed in February 2021, patient charts were reviewed to identify those who had appropriate hospital follow-up. An information session was conducted; this included the introduction of a standardised de-briefing proforma for patients with adverse outcomes and education on discharge planning. The charts identified at the monthly CRTM meeting after the QI intervention were reviewed from March-May 2021. Initial audit identified 19 patients with adverse perinatal outcomes. 10 (53%) women received appropriate postnatal care. Monthly chart review of this group was performed following QI intervention: staff information session. This identified 13 patients who had adverse perinatal outcomes, 12 (92.3%) of those received appropriate follow-up. Conducting a simple education session with staff involved in patient discharge made a considerable improvement in ensuring appropriate follow-up in those affected.

MANAGEMENT OF HYPERTENSION IN PREGNANCY: COMPARING ETHNIC DIFFERENCES

Modupeoluwa Ayomikun Iroju-Williams¹, Chidiebere Okezie², Nor Azlia Abdul Wahab³

¹Department of Obstetrics and Gynaecology, Drogheda, Ireland. ²Department of Obstetrics and Gynaecology. Our Lady of Lourdes Hospital Drogheda, Drogheda, Ireland. ³Department of Obstetrics and Gynaecology . Our lady of Lourdes hospital, Drogheda, Ireland

Abstract

M.A Iroju-Williams¹, C. Okezie¹, A. N.A. Wahab¹

¹Department of Obstetrics and Gynaecology. Our Lady of Lourdes Hospital Drogheda

Background: Hypertension is a leading cause of maternal and neonatal morbidity and mortality in pregnancy¹. In non-pregnant states, management of hypertension differs between ethnic groups but in pregnancy, a common management pathway is used. Understanding differences between these groups will lend a more aggressive but effective approach in managing this condition in pregnancy including a multidisciplinary approach where required.

Aim: To evaluate adherence to national guidelines on management of hypertension in pregnancy. To describe ethnic differences between management of hypertension and outcomes in pregnancy.

Methods: Retrospective chart review. Pregnant Women at booking appointments were identified as having 'hypertension in pregnancy', or 'hypertension prior to pregnancy'. Anonymised data collected and entered onto a pre-formed Microsoft spreadsheet included patient demographics, antenatal course, and postnatal outcomes. Simple data analytics were applied.

Results: Thirty patients with hypertension were identified. Seven identified as black Africans with 23 as white Irish. Eight were primips and 22 multips. Labetalol was primary medication in 50% of patients. All Africans had PIH, and 12 Irish Patients. All Africans were admitted from the antenatal clinic and admitted for more than 48hrs for blood pressure control.

Conclusion: Further studies are recommended into the management of hypertension in pregnancy in ethnic minorities. Understanding risk factors will reduce complications in future pregnancies and long-term maternal consequences.

References:

1. Management Of Hypertension In Pregnancy. RCPI Clinical Guidelines
2. Hypertension in Pregnancy: Diagnosis and Management. NICE Guidelines

COMPLIANCE WITH ASPIRIN PRESCRIBING GUIDELINES FOR THE PREVENTION OF PRE-ECLAMPSIA

Sahr Yambasu¹, Jyoti Dhawan², Eimear Wall¹, Sieglinde Mullers¹, Michael Geary¹

¹Rotunda Hospital, Dublin, Ireland. ²RCSI, Dublin, Ireland

Abstract

Pre-eclampsia is a significant cause of maternal mortality, contributing to around 40,000 maternal deaths worldwide each year. The National Institute for Health and Care Excellence (NICE) guidelines on hypertension in pregnancy are used to guide PET screening and aspirin prescribing in pregnancy.

The purpose of this audit is to evaluate the extent to which obstetricians comply with the NICE guidelines when it comes to aspirin prescribing in early pregnancy. A retrospective audit was performed on women who delivered in a tertiary maternity hospital in the Republic of Ireland in May of 2020.

A total of 217 out of 617 charts were reviewed (33%). Among those with ≥ 1 high risk factor for PET, 27.8% were started on aspirin. 4 out of 18 (22%) people identified as high risk developed pre-eclampsia. Of those, 75% had not been prescribed aspirin.

In the group with ≥ 2 moderate risk factors for PET, 13% were started on aspirin. 4 out of 23 (17.4%) people identified as having more than 1 moderate risk factors developed pre-eclampsia. 75% of these patients had not been prescribed aspirin.

This study has found that compliance with aspirin prescribing guidelines are low. Educating doctors and auditing guideline compliance rates may be an effective way of increasing aspirin prescribing.

INTERESTING CASE OF COMPLETE MANDIBLE IN RIGHT OVARIAN DERMOID CYST IN YOUNG LADY

Amina Javaid, Waseem Kamran

St.James's Hospital, Dublin, Ireland

Abstract

Background:

Mature cystic teratomas or dermoid cysts are one of the most common benign ovarian tumors, with a reported prevalence of up to 20%. They occur bilaterally in 10–15% of cases. Most dermoid cysts are diagnosed in women of reproductive age and are often discovered incidentally in asymptomatic women. Dermoid cyst arises from the entrapped embryonal ectodermal cells during the fetal development and are generally formed of skin, hair follicles, teeth, and sebaceous glands. Acquired dermoid cysts may result from iatrogenic or traumatic implantation of the epithelial cells that subsequently grow. Common symptoms include abdominal pain, pelvic pain or lower back pain, dysuria, urinary retention, dysmenorrhea, nausea with or without vomiting, dyspareunia, abdominal distension, unintentional weight gain and irregular vaginal bleeding.

Study Design and Methods:

This is a case report of 28 years old lady, nulliparous who presented with abdominal pain, abdominal distension and dysmenorrhea. She underwent ultrasound and MRI pelvis which showed 13cm complex ovarian cyst with features of dermoid ovarian cyst. Her tumor markers were normal. In view of worsening symptoms her laparoscopic ovarian cystectomy was carried out with reconstruction of ovary. In this case lady had an umbilical 1cm primary port wound and a 2.5cm suprapubic transverse skin incision for removal of cyst contents. Cyst surprisingly showed complete mandible in it.

Conclusion:

Dermoid cyst are common benign ovarian tumours which can cause debilitating symptoms. They also carry risk of torsion if left so long. Laparoscopic removal of ovarian cyst is preferable treatment option.

THE EMERGENCY PELVIC ULTRASOUND SCAN AT A LARGE ACUTE GENERAL HOSPITAL: HOW USEFUL IS IT?

Dr Deirdre Arthur, Prof Richard Deane

Tallaght University Hospital, Gynaecology Department, Dublin, Ireland

Abstract

Pelvic ultrasound is commonly performed for assessment of acute lower abdominal or pelvic pain in female patients presenting to the emergency department of a general hospital. At Tallaght University Hospital (TUH) a dedicated gynaecological sonography routinely performs all pelvic ultrasound scans for women. This provides a unique insight into the profile of gynaecological emergencies presenting to a large acute general hospital and the value of prompt access to such a service.

The primary aim was to determine the presence of gynaecological pathology on emergency pelvic ultrasound scans performed. The secondary aim was to establish the profile of acute gynaecological pathology presenting at the hospital.

A 6 month retrospective review (01/01/21 to 30/06/21) of all patients who had a pelvic ultrasound scan (within the gynaecology department) as a result of an attendance to the emergency department was undertaken .

185 patients had an ultrasound scan performed. Forty-one percent (n=76) of scans identified gynaecological pathology, with ovarian (17%, n=32), uterine (9%, n=17) and endometrial pathology (5%, n=10) the more common findings. A total of 8% (n=14) were admitted under the gynaecology team, 4% of those admissions (n=8) required emergency surgery. Forty-five percent (n=84) were referred to the gynaecology OPD and 40% (n=74) were discharged following a normal scan.

A dedicated gynaecological sonography service for emergency attendees identified significant gynaecological pathology and assisted prompt triaging of patients to the appropriate care pathway at a large, acute general hospital.

REVIEW OF OUTPATIENT HYSTEROSCOPY OUTCOMES IN LIMERICK UNIVERSITY HOSPITAL

Sowmya Mayigaiah, Dr Sucheta Johnson

Limerick maternity hospital, Limerick, Ireland

Abstract

BACKGROUND: Outpatient hysteroscopy is one of the most common diagnostic procedures performed. Outpatient hysteroscopic clinic in Limerick maternity university hospital is a one stop clinic for diagnosis and treatment of suspected uterine pathology. PURPOSE: The purpose was to review the waiting times and outcomes from our OPH services, the areas of improvement needed and also to ensure the clinic is safe and efficient with regard to identifying pathology. METHODS: A retrospective review of women who attended our OPH clinic over a 6 month period. Data was recorded on standardized electronic proforma and was statistically analysed. RESULTS: There were 113 women who attended OPH clinic, of them 85% were new referrals and 15% were follow up. 53% of new referrals were classified as urgent and 47% as routine. 44% were directly referred from GP, followed by referral from Gyne OPD both internal and from our sister hospitals. Commonest indication was post menopausal bleeding-47% and Heavy menstrual bleeding 26%. Mean time from referral to appointment was 39 days for urgent & 61 days for routine referrals. 60% had diagnostic hysteroscopy and 11% had operative hysteroscopy. 14% had both. Procedure was completed in 83% of women without complication. 69% had histology sample sent of which 91.6% were normal. 81% were discharged from our service after 1st visit. CONCLUSION: Outpatient Hysteroscopy provides significant benefits to patients in terms of convenience and avoidance of General anaesthesia with high Patient acceptability and clinical effectiveness. Standardised referral pathway would benefit in reducing the waiting times. Significant cost savings can be made through OPH services by providing one stop high quality gynecology services for women.

PERIVASCULAR EPITHELIOID CELL NEOPLASM (PECOMA) OF THE CERVIX- A CASE REPORT

Ciara McArdle, Reham Alkhalil, Kevin Hickey, Uzma Mahmood

University Maternity Hospital Limerick, Limerick, Ireland

Abstract

Objective:

We present a case of a TFE3 translocation associated PEComa of the cervix.

Case report:

A 33-year-old female was found to have a pigmented lesion on the cervix at time of delivery. She was asymptomatic, had no medical history of note and her cervical screening test was up-to-date and normal. At colposcopy, a pigmented, 1.5cm lesion was noted on the anterior cervix and a large loop excision of the transformation zone (LLETZ) was performed. Histopathology demonstrated morphological and immunohistochemical features of a PEComa with TFE3 translocation. Radiological imaging demonstrated no evidence of invasive disease or metastasis. Our patient was keen to preserve fertility and a decision was made for repeat LLETZ. A repeat LLETZ was performed, and histopathology was benign. Our patient remains asymptomatic with no evidence of recurrence.

Discussion:

PEComas are rare, mesenchymal neoplasms characterised by co-expression of melanocytic and smooth muscle markers. TFE3-related PEComa is a distinct form of PEComa with findings of a mostly consistent morphology and immunoprofile, disposition towards younger age and no association with tuberous sclerosis complex. Surgical resection is the mainstay of treatment, but management remains controversial due to the rarity of this subtype and lack of clinical trials.

Conclusion

We present a case of a cervical PEComa with TFE3 translocation in an asymptomatic female that appears to be following a benign course. PEComa's pose a diagnostic and treatment challenge for both the histopathologist and gynaecologist. Identification of translocation associated PEComa may offer insight into determining clinical course and development of targeted therapies.

AN AUDIT OF APPROPRIATE ANTIMICROBIAL PRESCRIBING AND DE-ESCALATION FOR PYREXIA IN LABOUR AT A LARGE TERTIARY MATERNITY HOSPITAL

Barbara Burke, Ellen Hayes, Susan Potter, Minna Geisler

Cork University Maternity Hospital, Cork, Ireland

Abstract

With ever increasing numbers of multidrug resistant organisms (MDROs) and the related challenges of treating and isolating patients appropriately, antimicrobial stewardship should be an integral part of our roles as clinicians. Previous audits of prescribing and de-escalation of antimicrobials for pyrexia in labour (PIL) at Cork University Maternity Hospital (CUMH) showed a variation of local practice in prescribing from other units and international guidelines, as well as high levels of discharge prescribing of antimicrobials. Following on from this, updated antimicrobial guidelines and a de-escalation tool were introduced in May 2020.

As part of the CUMH Sepsis and Antimicrobial Stewardship Committee's work, this audit sought to determine adherence to the new guidelines and the impact of the de-escalation tool on prescribing practice.

Hospital Inpatient Enquiry (HIPE) coding was used to compile a list of all patients coded for PIL in the year following implementation of these resources; May 2020 - May 2021 (n = 228). Individual e-chart reviews were conducted, and demographic, clinical and prescribing data collected for each patient.

Preliminary results suggest that some positive changes have arisen in prompt de-escalation of antimicrobials from the intravenous to oral route (80% de-escalated appropriately), and a decrease in the number of patients receiving antimicrobials on discharge (69% to 50%).

The audit identifies a potential area for improvement however; in the context of current training requiring regular movement between hospitals with differing policies, more NCHD education regarding local resources and tools to streamline decision making should continue to promote better antimicrobial stewardship.

CASE REPORT: THE EVOLUTION OF PLACENTA ACCRETA SYNDROME IN IMAGES-FROM ASHERMAN'S TO PERCRETA

Lorna Ann Smith¹, Gillian Ryan¹, Gabrielle Colleran², Una Conway¹, John Morrison¹

¹Department of Obstetrics and Gynaecology, University Hospital Galway, Galway, Ireland. ²Department of Radiology, National Maternity Hospital, Dublin, Ireland

Abstract

The global caesarean section rate is rising, as a result, conditions such as Placenta Accreta Syndrome (PAS) are also increasing. PAS is associated with high maternal morbidity and mortality rate requiring early diagnosis and careful management by experienced obstetricians. The aim of this report is to outline the use of various imaging modalities (US and MRI) to assist the diagnosis and management of pregnancy complicated by PAS. We present the case of a 39 year old female, one previous caesarean delivery, diagnosed with Asherman's syndrome during investigation of sub-fertility. Hysterosalpingography (HSG) showed uterine scarring and absent tubal filling. The patient proceeded to diagnostic laparoscopy which revealed thick adhesions between the anterior uterine and abdominal wall, with no spill of dye from fallopian tubes. A hysteroscopy was also performed; low uterine adhesions were divided. Spontaneous conception was achieved. Routine anomaly scan revealed a placenta-praevia with succenturiate lobe on the anterior wall, adjacent to maternal bladder. Subsequent ultrasound showed a bi-lobed placenta with a larger upper posterior portion, marginal cord insertion and an anterior low-lying portion. The anterior portion showed multiple lacunae with significant area of bulge into the maternal bladder, myometrial disruption and increased vascularity at the placental-bladder interface. MRI confirmed these findings showing a tortuous and hypervascular bulge at the lower uterine segment (LUS), loss of the fat plane between the uterine wall and bladder dome with PAS being the most likely diagnosis. The case outlines the use of ultrasound and MRI imaging as a vital tool in diagnosis of PAS.

Fetal Surveillance after Covid-19 in Pregnancy – is Growth Restriction a Feature?

Gillian Corbett, Aoife Sweeney, Ulrich Bartels

Mayo University Hospital, Castlebar, Mayo, Ireland

Abstract

Background:

Although intra-uterine growth restriction was seen in previous SARS epidemics, it is not yet recognised as a complication of Covid-19 in pregnancy. National guidelines recommend fetal growth surveillance, based on hypothesized placental sequelae.

Purpose of study:

To identify the incidence of fetal growth restriction with Covid-19 in pregnancy

Study Design:

A retrospective observational study was performed in Mayo University Hospital, serving a population with high incidences of Covid-19 and vaccine hesitancy in pregnancy. Women with Covid-19 in Pregnancy were identified using the ultrasound-booking-system. Serial departmental growth scan findings were examined. Growth restriction was defined using ISUOG guidelines.

Findings:

51 women were diagnosed with Covid-19 in pregnancy (01/01/2021-30/09/2021). Infection was most likely in third trimester(51.0%,26/51). Hospital review was required in 27.5%(14/51) with 9.8% requiring admission.

Intrauterine growth restriction occurred in 2.0%(1/51), with other risk-factors for growth restriction occurring in this case (non-English speaker, pregnancy-induced hypertension). Macrosomia was over-represented (25.5%,13/51) in this population infected by Covid-19, albeit gestational diabetes(23.1%,3/13) and obesity(46.2%,6/13) were contributory factors. There was no difference in birth weights with trimester at covid infection, severity of covid, need for hospital review or admission. No cases of perinatal death, low Apgars or abnormal cord gases occurred.

Conclusions:

There was no increased risk of intra-uterine growth restriction found in this regional study of 51 patients with covid infection in pregnancy. Macrosomia was over represented in this population, where obesity and diabetes are prevalent. Abnormal fetal growth appeared unrelated to disease severity or trimester of covid infection.

ASISSTED REPRODUCTION:A LUXURY FOR THE "RICH" AND A DEBT WEIGHT FOR THE POOR

Sorca O Brien¹, Louise Glover², Laurentina Schaler³, Mary Wingfield²

¹Merrion Fertility Clinic/National Maternity Hospital, Dublin, Ireland. ²Merrion Fertility Clinic/University College Dublin, Dublin, Ireland. ³Merrion Fertility Clinic, Dublin, Ireland

Abstract

Global estimates indicate 30-50% of ART demand is met.¹ Ireland provides no public-funded ART, long an outlier within the EU.² Recent UK research showed only 13% of Clinical Commissioning Groups provided funding recommended by NICE.³ For treatment where female age is the dominant prognostic predictor, delayed access is detrimental.

At our Dublin clinic, limited charitable funding is available providing financial support for ART . Given limited availability, strict financial/clinical criteria apply. Based on an algorithm related to income/basic living costs, applicants are eligible for full/partial/no funding.

To identify patient percentage availing of allocated funding and whether they/those denied funding proceeded to self-funded fresh/frozen cycles.

Retrospective review of fund applicants 2015-2020.

Of those awarded full funding (n=38), 1 (3%) didn't proceed with treatment. 97% had at least one cycle. Of those granted partial (n=44) or no funding (n=73), 18% and 55% had no treatment. In these groups, 82% and 45% respectively could access one cycle. 22 fully-funded patients (58%) had additional private treatment, significantly higher than partially funded patients (32%; p<0.001) and patients who received no funding (42%; p<0.0001). Self-funding between patients who had partial/no funding wasn't significantly different (p=0.14).

Low-income patients proceed with treatment if appropriately funded. Access to one funded cycle encourages continuation with self-funded treatment. Those receiving no assistance are unlikely to access treatment. Significantly <50% were able to self-fund treatment. Our strict scoring is unable to meet our population demands. State-funding is crucial for equity in this vital area of healthcare.

CERVICAL CANCER (UNUSUAL PRESENTATION)NAGWA HASSAN*GALWAY UNIVERSITY HOSPITAL, GALWAY, Ireland***Abstract**

Background: A 33 year old nulliparous lady, heavy smoker never attended the cervical screening program, had no history of abnormal vaginal bleeding or STI, with history of anxiety disorder on citalopram. She presented to ED with painful swelling in her right leg for 10 days, US Doppler revealed superficial thrombophlebitis in the right long Saphenous vein, she developed acute chest tightness in the same night, urgent CTPA ruled out pulmonary embolism and she was discharged in good condition on therapeutic anti-coagulant medication. Six weeks later, she presented with fever, vomiting, diarrhoea, and poor oral intake, sepsis workup revealed (E. COLI) pyelonephritis, she continued to deteriorate despite antibiotics, ultrasound followed by CT-Urogram were done which revealed microabscesses within the right kidney and fullness in the pelvi-caliceal system and proximal ureter. In view of onset of right groin pain and raised inflammatory marker CT-Venogram for lower limbs was done and revealed Right External iliac vein thrombosis and necrotic 5.3 cm pelvic mass with Right hydro ureteronephrosis. Trans-vaginal ultrasound and abdomino-pelvic MRI were done and showed infiltrative, necrotic right hemi-pelvic mass occluding the iliac vein and tethering the right ureter with nodal metastatic disease with 12 mm cervical mass. The patient had ureteric stent and referred for urgent colposcopic biopsy which confirmed the diagnosis of invasive Squamous cell carcinoma of the cervix. MDT meeting agreed staging PET scan followed by chemotherapy and urgent opinion regarding egg freezing as per patient wishes.

ANALYSIS OF MAJOR OBSTETRIC HAEMORRHAGE (MOH) USING THE ROBSON 10 GROUP CLASSIFICATION SYSTEM

Susan Clinton, Alex Dakin, Julie Sloan, Bridgette Byrne

Coombe Womens and Infants University Hospital, Dublin, Ireland

Abstract

The rate of postpartum haemorrhage (PPH) is increasing globally, and reasons for this are unclear. We have previously described how MOH has increased at our institution over the past 20 years, mainly due to uterine atony (1). The TGCS was designed to enable the comparison of perinatal outcomes in ten mutually exclusive groups (2).

The purpose of this study is to analyse cases of MOH as per the TGCS over a 20 year period at our hospital.

The Severe Maternal Morbidity (SMM) audits of our hospital annual reports (2000-2019) were analysed. MOH was defined using the Mantel criteria (3) until 2008 and by the Scottish Audit of SMM (4) thereafter. The demographics and outcomes for each case were recorded, and the relevant TGCS group was assigned. Two ten year time intervals (2000-2009 and 2010-2019), were compared to examine trends using the chi-square test.

168,485 women delivered babies >500g over the 20 years. Comparison of the two time periods showed the following trends: The incidence of MOH increased from 1.5 to 2.1 per 1000. Of the 455 cases, 408 could be assigned a TGCS group. The percentage of cases of MOH in Group 1 (9% vs 9%) and Group 2 (18% vs 17%) were unchanged, but was increased in Group 4 (14% vs 18%) and Group 8 (5% vs 13%).

The rate of MOH at our institution has risen over 20 years, and analysis by the TGCS suggests that previous CS and multiple pregnancy are contributing to this.

Outcomes of Non-Invasive Fetal RHD Screening and Targeted Routine Antenatal Anti-D Prophylaxis Program in a Tertiary Maternity Hospital

S. Kennedy¹, J. Sheehy², P. Drummond², P. O'Leary¹, D. O'Shea³, N. E. Russell¹

¹*Cork University Maternity Hospital, Ireland South Women & Infants Directorate, Cork, Ireland. ²Blood Transfusion Department, Cork University Hospital, South/Southwest Hospital Group, Cork, Ireland. ³Haematology Department, Cork University Hospital, South/Southwest Hospital Group, Cork, Ireland*

Abstract

Targeted Routine Antenatal Anti-D Prophylaxis (tRAADP) uses sensitive and specific non-invasive prenatal testing (NIPT) to test for presence of the fetal RHD gene in maternal plasma. This allows administration of Anti-D immunoglobulin to RhD-negative women with a predicted RhD-positive fetus and ensures that RhD-negative women with a RhD-negative fetus do not receive unnecessary blood product.

We aim to evaluate tRAADP by analysing NIPT accuracy and screening programme outcomes.

Laboratory requests for fetal RHD NIPT in January 2020 were collected. All RhD-negative women who delivered in CUMH at >24wks were included in analysis. 112 women met the inclusion criteria. Results of fetal RHD NIPT, fetal blood group, anti-D immunoglobulin administration, and Kleihauer tests were collected from patients' records.

Fetal RHD NIPT correctly predicted fetal RhD phenotype in 103 (92%) pregnancies. 8 (7.1%) inconclusive, 1 (0.9%) false-positive, and no false-negative results were reported. In RhD-negative women with a predicted RhD-positive fetus or inconclusive result, 50% received anti-D immunoglobulin following a potentially sensitising event (PSE), 98% received tRAADP at 28wks, and 98% received Anti-D immunoglobulin postnatally. In RhD-negative women with a predicted RhD-negative fetus, 6 (12%) received anti-D immunoglobulin following a PSE (5 prior to NIPT results, 1 post-amniocentesis), and none received anti-D immunoglobulin at 28wks or postnatally.

RhD-negative women carrying a RhD-negative fetus can be identified using tRAADP. This is significant as unnecessary blood product administration and interventions are avoided in this cohort. Several countries have implemented tRAADP nationally and we hope the experience in CUMH will help to shape Ireland's national strategy.

CASE STUDY: THORACIC ENDOMETRIOSIS

Jessica Pietrzyk, Dr. Cathy Burke, Dr. David Rooney

Cork University Maternity Hospital, Cork City, Ireland

Abstract

Endometriosis is a common cause of chronic pelvic pain in women of reproductive age with a prevalence of 40 – 60% amongst women presenting with dysmenorrhea. Characterized by the presence of endometrial stroma and glands outside the uterus, it can be subdivided into pelvic endometriosis and extrapelvic endometriosis

We present the case of a 36-year-old nulliparous woman who presented with progressive dyspnea, cough, reduced exercise tolerance, and weight loss. On examination, the patient had a palpable swelling in the right supraclavicular area with dullness to percussion and reduced air entry of the right upper lung zone. Chest X-Ray (CXR) and CT Pulmonary Angiogram showed a loculated hydropneumothorax with a pleural effusion. Bronchoalveolar lavage, pleural biopsy, and drainage of the pleural effusion were performed. Cytology showed haemosiderin and erythrocyte-laden macrophages with evidence of previous alveolar haemorrhage. Pleural histopathology revealed scattered glandular epithelium with positive progesterone, estrogen, and PAX-8 receptor status. Transvaginal ultrasound and pelvic MRI showed evidence of extensive endometriosis with adenomyosis. Ovarian tumour markers were raised with a CA-125 of 221 and CA19-9 of 1628.

On discharge from hospital, the patient was commenced on the progesterone-only pill while awaiting review at the endometriosis clinic. At review 3 months later marked improvements were reported with breathing and exercise tolerance and CXR findings remained stable.

This case illustrates the heterogeneity of endometriosis and the management of endometriosis. The current mainstay of treatment involves hormonal ovarian suppression with surgical excision of ectopic endometrial tissue.

Review of postnatal presentations and admissions at a tertiary care unit.

David Ayodele Aina, Lavanya Shailendranath

CUMH, Cork, Ireland

Abstract

Review of postnatal presentations and admissions at a tertiary care unit.

There are hundreds of thousands of deliveries in Ireland annually, however limited studies has focused on postnatal complications and how to reduce them. Recent studies have reported about 25% of women seek medical care within 6 months after delivery although only 1-2% requires hospitalization. It is important to understand the array of postpartum morbidity to improve care and counselling patients before discharge.

Aim: To review the postnatal emergency presentations and factors to contribute to it

Method: This is a retrospective cohort study for a two-month period (Aug- Sept 2021). All postnatal patients that presented to the emergency department during this period were included in this study. Electronic patient records reviewed, and data was securely stored and analysed with Microsoft excel. Postnatal is defined by six weeks after delivery.

Results. In this study, 132 (6%) postnatal patients out of total 2308. Admissions 32% (n=43), abnormal vaginal bleeding was the most common complaint 43% (n=57) while mastitis/breast related symptoms 7.5% (n=10) and the most common date for presentation is between 5 to 10 days postnatal. Caesarean section in 50% (n=66), self-referral occurred in 69% (n=91), scheduled visit 9%(n=12). Hypertensive symptoms and mastitis/breast symptoms were both the commonest reason for admission 19%(n=8).

Conclusion: Postnatal presentations contribute significantly to emergency room presentations and workload, which may be preventable. Improvement in patient advise, pathway for queries and access in the community are recommendations to safely improve care in postnatal period.

"MEDICAL STUDENTS' SATISFACTION WITH BLENDED WAY OF CLINICAL EDUCATION AT CORK UNIVERSITY MATERNITY HOSPITAL, DURING PANDEMIC".

Naureen Yasir^{1,2}, Mairead O'Riordan^{1,2}

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

Abstract

Pandemic had been a great challenge overall, but it impacted our clinical education too, which is an essential component of our profession. The clinical education underwent certain changes, in the line of Covid restrictions. Therefore, a "Blended" way of teaching, was adapted, incorporating online and onsite teaching. The onsite clinical teaching occurred, allowing minimum number of students at a time.

The purpose of this study was to highlight the strength and weaknesses of this new way of teaching and to implement any changes in future clinical education.

The participants of this "Descriptive study" were Year 4 UCC Medical students, during academic year 2020/2021. The survey was conducted via UCC LMS "Canvas" and statistical analysis was performed by Canvas software. Students were asked about their Overall experience with Clinical Attachment, Teachers, Online Microsoft tutorials and lectures. Their preference of Obstetrics and Gynaecology as a future career was also asked, followed by detailed feedback comments.

Out of 197 students, 162 responded. 24% (n=35) found the overall experience as "Excellent", 42% (n=66) selected "Very Good", 31% (n=48) chose good, 3% (n=5) had been "Unsure" and 3% (n=4) responded as "Very Bad" overall. For online lectures and tutorials 31% (n=49) responded as "Excellent", 60% (n=94) as "Good", 6% (n=10) had been "Not Sure" and 4% (n=7) responded as "Bad". The highest concerns had been Technical issues, lecture content relevance, overlapping and inadequacies. 24% (n=38) will "Unlikely" and 28% (n=43) will "Most likely" choose obstetrics gynaecology as a career while 49% (n=76) had been "Unsure".

The study helped us formulate the effective and best blended way for future teaching.

EXPERIENCES OF BREASTFEEDING DOCTORS IN IRELAND

Maeve Montague

Coombe Women and Infants University Hospital, Dublin, Ireland

Abstract

Breastfeeding is recommended by the Health Service Executive and the World Health Organisation for its health benefits for both child and maternal health. However Ireland currently has one of the lowest breastfeeding rates in Europe.

This study sought to determine the issues faced by breastfeeding doctors upon returning to work, to identify areas that could be improved to facilitate breastfeeding at work.

A survey was created regarding experiences of breastfeeding. This was shared via email and targeted social media amongst healthcare workers. Responses were recorded and analysed for statistical purposes using excel.

119 doctors who have experienced breastfeeding since January 2017 responded. <2% of respondents underwent a health and safety assessment upon return to work. 61% reported that the standard of breastfeeding facilities at work impacted their decision to reduce or conclude breastfeeding. 67% breastfed/expressed in a space that made them feel uncomfortable. <7% of doctors reported being given time off work duties to breastfeed/express. 25% felt pressured by colleagues to discontinue breastfeeding and 51% felt they had to justify their decision to continue breastfeeding to colleagues. 21% developed mastitis due to being unable to express at work. 45% reported being unable to access facilities at conferences/exams.

The survey found that structural and systemic barriers exist for doctors who wish to continue breastfeeding or expressing in the workplace.

This survey highlights the need for dedicated structures to be put in place for healthcare workers as standard. This includes adequate facilities, protected breaks, health assessments, and supportive colleagues.

Correlation between Incisional Length and Post Operative pain with Caesarean Delivery.

Jacqui Clifford¹, Nicola O'Riordan², Mohammed El Sheikh²

¹RCSI, Dublin, Ireland. ²NMH, Dublin, Ireland

Abstract

Caesarean section rates are increasing. Elective caesarean section rates are increasing. Post operative pain thought to relate to scar length.

We evaluated 50 patients day three post LSCS for postoperative pain. Scar length was measured to assess if there was a correlation between the length of the incision and the post operative pain experienced. We also evaluated for maternal satisfaction with scar length.

The average length of incision was 15.2cm. Average incisional length for LSCS done by consultant obstetricians was 15.04cm, while NCHDs incisional length averaged at 15.2cm.

Satisfaction scores were assessed on a Likert scale. None of the patients surveyed reported a low level of satisfaction with the length of their incision. There was no correlation between maternal satisfaction and incisional length (correlation coefficient -0.27). There was no correlation between pain and number of previous caesarean deliveries.

As anticipated there was a correlation between pain scores and incisional length (correlation coefficient 0.43) There was also a correlation between pain experienced and patients BMI (correlation coefficient 0.36).

A qualitative exploration of the lived experience of providing expanded abortion care in the Republic of Ireland.

B Dempsey¹, M Connolly², MF Higgins¹

¹UCD Perinatal Research Centre, Dublin, Ireland. ²UCD School of Nursing, Midwifery & Health Systems, Dublin, Ireland

Abstract

Abortion care has been referred to as 'dirty work' and international research has found that healthcare workers may experience personal and professional challenges in providing the services.

The aim of this qualitative study was to explore the lived experiences of healthcare workers who provide abortion care in the Republic of Ireland.

This exploratory qualitative study collected data via one-to-one interviews conducted between February 2020 and March 2021. All the interviewees were directly involved in caring for patients accessing expanded abortion care in the Republic of Ireland. Interpretative Phenomenological Analysis was used to explore the lived experiences of these providers.

Thirteen interviews were completed. The sample includes six GPs, three midwives, two obstetrician/gynaecologists, and two theatre nurses. Analyses found that providers experienced fleeting moments of doubt. These centered around the juxtaposition of growing up and working in conservative Ireland to now providing care and an awareness that certain cases are more difficult than others. The providers based in Irish hospitals were exposed to difficult cases more often than their GP colleagues and so appeared to question their involvement more. Regardless, all the providers unanimously affirmed their belief in choice and their pride in providing Irish women with a robust, safe, and legal abortion care service.

This study found that despite challenges, Irish providers are proud of their ability to care for women accessing abortion in Ireland. They expressed support for the current legislation and highlighted the importance of having supportive colleagues with whom they can discuss the challenges they face.

FETOSCOPIC ENDOSCOPIC TRACHEAL OCCLUSION - THE BELGIAN CONNECTION

Ciaran David McKeown, Mairead Kennelly

CWIUH, Dublin, Ireland

Abstract

Introduction

Congenital diaphragmatic hernia (CDH) is a condition characterised by a defect in the diaphragm with resultant herniation of abdominal contents into the thoracic cavity. Fetoscopic endoscopic tracheal occlusion (FETO) procedures have been shown to improve survival rates in severe cases.

Case Presentation

A 33-year old lady presented for an anomaly scan at 21 weeks at an Irish tertiary maternity hospital, which revealed a left-sided CDH.

Investigations

Amniocentesis revealed a normal karyotype. A fetal echo at 22⁺⁵ weeks was normal. Fetal MRI confirmed a left sided diaphragmatic herniation with extension of the left lobe of liver.

Management

Following the diagnosis of a CDH, the patient was referred to a specialist centre in Belgium. The patient attended this centre where a FETO procedure was performed at 30⁺² weeks for moderate lung hypoplasia. The procedure was complicated by premature prelabour rupture of membranes at 32+2 weeks and managed with corticosteroids and antibiotics. Balloon removal was uncomplicated at 33⁺⁶ weeks, and the patient was transferred back to Ireland. A female infant weighing 2770g at 38⁺⁰ weeks was delivered vaginally following induction of labour and subsequently transferred to a surgical unit for correction.

Conclusion

Much research regarding FETO procedures concern cases of CDH with severe lung hypoplasia. Studies are in progress at present to examine the role of FETO in those with moderate hypoplasia. The number of fetuses treated is low and fetal therapy is considered investigational. When managing rare diseases, should potential treatments be unavailable locally, consider treatment options both nationally and internationally.

Adolescent attendances to the Rotunda Sexual Assault Treatment Unit

Daniel Kane, Nicola Maher, Deirdra Richardson, Maeve Eogan

Sexual Assault Treatment Unit Rotunda, Dublin 1, Ireland

Abstract

Adolescent Attendances to Sexual Assault Treatment Units (SATU) have been on the increase over the last number of years. As a patient cohort, they have specific vulnerabilities.

We sought to determine the differences between adolescent (14-17 years old) and adult (>18 years old) SATU attendances.

All attendances at Rotunda SATU between 1/1/2017 and 2/3/2021 were reviewed on the anonymised national data-base. Data pertaining to demographical and incident details were extracted. Adolescent attendances to the SATU were compared with adult population.

There were 1344 attendances to the Rotunda SATU. 218 (16.2%) of these were adolescent attendances . The time of incident was more likely to be during the day (24.8% V 18.9% P<0.005), with the time of SATU attendance being more likely to be at night (45% V 31 % p<0.001). Adolescent attendances were less likely to have consumed alcohol in the 24 hours prior to the assault (40% V 22% p<0.001). The assailant was more likely to be a family member or friend (29% V 15% p<0.001). In 46% of cases the location of the assault was outdoors, compared with 17% of adult attenders (p<0.001). Suspected drug-facilitated-sexual-assault was reported less in the adolescent attendances group (9% V 18% p<0.001). There was no statistically significant difference in sex, day of attendance or month of attendance.

Overall there are significant differences between our adolescent attendances and our adult population. Awareness of these differences allows us to offer enhanced care to this cohort of patients.

Attendances to the National Sexual Assault Treatment Unit network during COVID-19

Daniel Kane, Nicola Maher, Christine Pucillo, Kate O Halloran, Sarah O Connor, Naomi Finnegan, Deirdra Richardson, Maeve Eogan

Sexual Assault Treatment Unit Rotunda, Dublin, Ireland

Abstract

Concurrent with the global COVID-19 pandemic, studies have identified an increased prevalence of sexual and intimate partner violence.

Our aim is to summarise the Sexual assault treatment units (SATU) experience for a 10-month period during the COVID-19 pandemic.

The national SATU database was utilized to extract data pertaining to all attendances to the national SATU network from 29/2/2020, when the first case of COVID-19 was diagnosed in Ireland to the 31/12/20 and comparing our findings with the same time period in 2019 as our sample.

Over the study period, attendances fell by 27% nationally (n=812 V 595). Male (7% V 8%) and female (93% V 91%) patients as well as the mean age of patients (26yo V 27yo) were unchanged. Night-time (20:00-08:00) incidents declined by 10% (80% V 70%). There was an increase of 5% in assaults carried out by an intimate partner/ex-partner or family member (14% V 19%). An increase was also noted in the number of assaults where no alcohol was consumed in the 24hr prior to the assault (26% V 38%). In-person psychological support decreased from 78% to 45%. The location of the incident was more likely to be in the victim or assailants' home (42% V 48%).

Sexual violence is still prevalent despite the COVID-19 pandemic. There has been an obvious change in the incident demographic as well as an increase in intimate partner/ex-intimate partner and family sexual violence. Unfortunately, due to restrictions in-person psychological support for victims of sexual violence has been affected.

A DESCRIPTIVE STUDY: VITAMIN D LEVELS IN WOMEN WITH GESTATIONAL DIABETES MELLITUS

Nur Alia Nabihah Adnan¹, Mairead O' Riordan², Rabab Felemban²

¹School of Medicine, University College Cork, Cork, Ireland. ²Department of Obstetrics and Gynaecology, Cork University Maternity Hospital, Cork, Ireland

Abstract

Increasing prevalence of Gestational Diabetes Mellitus(GDM) among pregnant women is an emergent health concern. Incidence of GDM in Ireland is increasing from 2008 to 2017, from 3.1% to 14.8%. One of the factors hypothesised to increase risk of GDM is low vitamin D.

This study aims to investigate vitamin D status of GDM patients in a cohort of Irish population.

This is a retrospective database study conducted in Cork University Maternity Hospital. Data was obtained from CUMH clinical database of GDM patients collected for ongoing audit. All GDM patients from January 2019 to January 2020 were included for analysis. Study measures include age, ethnicity, BMI(kg/m²), gestational age, HbA1C, serum 25(OH)D(nmol/L), GDM treatment and seasonality.

547 patients were identified, 59 patients excluded due to missing data. 488 patients were the final sample size. Mean age of participants is 33.84. The median 25(OH)D was 56.5nmol/L. 43(8.8%) participants were classified as vitamin D deficiency, 167(34.2%) insufficiency, 157(32.2%) adequate, 111(22.7%) optimal and 10(2.0%) has risk of excess. Non-Caucasian have lower vitamin D compared to Caucasian(p value=0.05) while those sampled during summer to autumn exhibit higher levels of vitamin D(p value=0.00). BMI, HbA1C and GDM treatment shows no significant relationship with vitamin D.

Results from this study provide novel data on high prevalence of suboptimal vitamin D in GDM patients. This findings would help practitioners to improve patients' treatment and enhance clinical outcomes of GDM patients.

BI-ALLELIC LOSS OF MSH2 IN ENDOMETRIAL CARCINOMA. A CASE REPORT.

Aisling Redmond¹, Rory Kennelly², Donal Brennan¹

¹UCD Gynaecological Oncology Group, UCD School of Medicine, Dublin, Ireland. ²Department of Colorectal Surgery, St Vincent's University Hospital, Dublin, Ireland

Abstract

We report a case of endometrioid endometrial carcinoma (EEC) which demonstrated 'double hit' or bi-allelic somatic inactivation of MSH2.

A 56yo nulliparous lady presented with post-menopausal bleeding. Endometrial curettings confirmed grade-one EAC, estrogen-receptor positive, p53 wild-type and MMR-deficiency. CT-TAP was negative for metastasis. Patient underwent total laparoscopic hysterectomy and bilateral salpingoophorectomy. Intra-operative assessment demonstrated myometrial invasion <50%, comprehensive pelvic lymph node dissection was deemed unnecessary. Post-operative staging was FIGO1a, pT1aNxMo, Grade-1 EEC with no LVSI, no cervical stroma/adnexal/parametrial involvement. MMR IHC demonstrated loss of MSH2 and MSH6 suggestive of Lynch syndrome (LS), however germline testing failed to identify any abnormality. Further somatic testing identified two independent presumed somatic pathogenic MSH2 mutations. This reduces likelihood of LS and presented an extremely rare case of double somatic mutation of MSH2 gene

MMR-gene (hMLH1/hMSH2) alterations are a surrogate for microsatellite instability and play an important role in sporadic EEC. Most presumed sporadic, MSI-positive EECs are associated with epigenetic silencing of MLH1, via promoter hypermethylation. A smaller fraction of MSI-positive EECs have somatic mutations in MSH6, or loss of MSH2-protein expression. Hereditary cancers can also display MSH2 mutations. LS is an autosomal-dominant hereditary cancer syndrome which increases cancer risk, most notably colorectal and endometrial. It is caused by germline mutations in MMR-genes – MSH1/MSH2/MSH6/PMS2 and EPCAM. ~36% of MMR-deficient EECs are caused by LS. Here we report a case of EEC which demonstrated 'double hit' or bi-allelic somatic inactivation of MSH2 and demonstrates the importance of complete clinical algorithms in these cases.

" DON'T IGNORE MY ITCH DOCTOR !! A CASE REPORT ON RARE VULVAL CHONDROID SYRINGOMA "

Naureen Yasir, John R Higgins, Mairead O'Riordan

Cork University Maternity Hospital, Cork, Ireland

Abstract

A 73 years old ,Para7, referred by her GP to Gynaecology services, with ongoing vulval itching ,soreness and discomfort, followed by occasional tiny bleed, for the last 18 months. It never responded to moisturisers and pseudo cream, but often little relief reported with Canesten or steroid local creams. Generally, patient had good health apart from Colonoscopy and Endoscopy a year back ,due to Irritable Bowel Syndrome.

Vulval Examination revealed overall Atrophic, Erythematous vulva, more marked on left side. Left labia majora had pale ,dull looking area. Punch Biopsy under local analgesia after briefing and consent performed in the clinic. Tissue sent for histology.

Histology is consistent with superficial portion of "Vulval Chondroid Syringoma", with No evidence of cytological atypia or squamous dysplasia.

The patient will be seen in clinic in few days, where treatment plan will be discussed with her, including likely complete excision of the lesion or laser ablation.

Vulval Chondroid Syringoma are extremely rare mixed tumours, mostly benign Apocrine or Eccrine origin, arising in sweat or Bartholin glands.Only 11 cases have been reported in the literature, and one had malignant transformation.Histologically, comprises of epithelial and myoepithelial cells, with myxoid or cartilaginous structure, scattered in the sheets of epithelial ducts or tubules.Standard treatment consists of complete excision with clear margins to reduce the possibility of recurrence, can lead to scarring.CO2 Laser Ablation has been associated with relief of itching and better results.

Though an extremely rare tumour, but can be a possible differential in the cases of refractory vulval pruritis.

BLOOD PRODUCT UTILISATION PRACTICES FOR TOTAL LAPAROSCOPIC HYSTERECTOMY IN A MAJOR GYNAECOLOGY ONCOLOGY TERTIARY CARE CENTRE

Jane Tully, Ikechukwu Uzochukwu, James Beirne

Trinity St. James's Cancer Institute, Dublin, Ireland

Abstract

Pre-operative requesting of blood products is common practice in anticipation of the need for peri-operative blood transfusion. While a safe margin for error must be applied in case of unexpected haemorrhage, the ordering of excessive blood products results in poor stock management and loss of hospital funds, time and resources.

The goal of this study was to assess the current practices of pre-operative blood product ordering and utilisation for total laparoscopic hysterectomy (TLH). We aimed to establish the efficiency of the current practices and rationalise the implementation of a site-specific maximum surgical blood ordering schedule (MSBOS) for TLH and other gynaecological procedures.

This was a retrospective, hospital-based study completed over a 2-year period using coded administrative data. Data on all women undergoing elective TLH over this time was collected. The efficiency of blood utilisation was calculated with indices such as crossmatch-to-transfusion ratio, transfusion probability and transfusion index.

Our study included 227 women undergoing elective TLH. The age range was 27-86 years, the mean age was 57 years. 280 units of red cell concentrate were requested for 134 women. 5 women received blood transfusion peri-operatively, using a total of 8 units of red cells. The crossmatch-to-transfusion ratio was 35, transfusion probability was 3.7% and transfusion index was 0.06%.

According to these indices, there is inefficient blood usage in elective TLH and a net wastage of 272 units of blood over the audit period. The introduction of a specialty-specific MSBOS and a subsequent prospective audit, following appropriate period of implementation, is imperative.

NEW ADVANCES IN CYSTIC FIBROSIS PATIENT CARE – OUTCOMES IN PREGNANCY OF WOMEN ON CFTR MODULATORS

S. Kennedy, C. McCormick, M. O'Riordan

1. Cork University Maternity Hospital, Ireland South Women & Infants Directorate, Cork, Ireland

Abstract

Cystic Fibrosis (CF) is a multisystem disease with a reduced life expectancy. Advances in care have led to increasing pregnancy rates in women with CF. Cystic fibrosis transmembrane regulators (CFTR) modulators are a new class of targeted medication that significantly improve health in CF patients. As with any novel therapy their role in pregnancy is not yet fully defined.

We present two pregnancies successfully managed with elexacaftor/tezacaftor/ivacaftor (ETI) triple therapy.

Case 1, a 30-year-old primigravida, commenced ETI triple therapy 11 months prior to conception on a background of severe lung disease (FEV1 50% at 14wks and FEV1 34% pre-CFTR modulators). A decision to remain on CFTR modulators throughout pregnancy in the interest of maternal health was made following multi-disciplinary team (MDT) input. She remained well, requiring no antenatal admissions for CF exacerbations. Labour was induced at 38wks resulting in assisted vaginal delivery of a 2.66kg infant.

Case 2, a 35-year-old primigravida with a background of subfertility and moderate lung function (FEV1 69% at booking and FEV1 54% pre-CFTR modulator) conceived spontaneously following introduction of ETI triple therapy. CFTR modulator therapy was ceased at booking resulting in respiratory deterioration requiring admission (FEV1 53%). ETI triple therapy was re-commenced following MDT review and her FEV1 returned to 65%. Labour was induced at 38wks with a vaginal delivery of a 2.98kg infant.

Our cases highlight the effect and potential complications of stopping CFTR modulators in pregnancy. A risk-benefit analysis with MDT input is important in the care of these high-risk women.

Idiopathic Ascites Following Caesarean Section: A Case Report

Jessica Tate, Niamh McGrath, Savita Lalchandani

University Hospital Kerry, Tralee, Ireland

Abstract

Background:

Ascites is the accumulation of fluid in the peritoneal cavity¹. Common causes include malignancy, pancreatitis and liver failure. Rarer causes include tuberculosis, chylous and urinary ascites². In this case the ascites developed post caesarean section and no obvious cause could be found.

Case:

A 40 year-old gravida 12, para 2+9 woman who had two previous caesarean sections underwent an uneventful elective caesarean section. Seventy-two hours later, she developed pain in her right and left upper quadrants, epigastrium and flanks. On examination, her abdomen was distended with generalised tenderness. There was no guarding or rigidity. Initial laboratory investigations revealed a white cell count of $16.47 \times 10^9/L$, C-reactive protein (CRP) of 589.6mg/L and creatinine of 292mmol/L.

An abdominal ultrasound scan demonstrated a large amount of free fluid surrounding the liver, spleen, right & left iliac fossa and right & left flanks. Computed tomography (CT) scan of the abdomen and pelvis confirmed marked ascites with no evidence of hollow organ perforation. CT urogram showed no evidence of bladder or ureteric injury.

The patient was managed conservatively by a multidisciplinary team including obstetricians, general surgeons, radiologists, microbiologists and dieticians. She received intravenous antibiotics, intravenous fluids, laxatives and total parental nutrition for management of sepsis, acute kidney injury (AKI) and post-operative ileus with gradual improvement of blood results; CRP 4.1mg/L, Creatinine 99mmol/L, WCC $7.35 \times 10^9/L$.

Conclusion:

The development of ascites post caesarean section is a very rare complication and requires a multi-disciplinary team approach. This case is unique as no clear cause of the ascites was found.

**PERIURETHRAL BULKING AGENT FOR THE TREATMENT OF STRESS INCONTINENCE
IN WOMEN**

Fatimah Alshiokh

The National Maternity Hospital, DUBLIN, Ireland

Abstract

Stress Incontinence (SI) of urine is a common and debilitating condition. Overall prevalence of urinary incontinence in women over the age of 20 has been estimated to range from 10 to 53%. The Mid Urethral Sling (MUS) has been the most commonly performed surgical treatment for SI for more than 20 years. Numerous large international studies reported high levels of efficacy and low rates of complication. In 2018, patient advocacy groups, concerned about the safety of these devices, successfully lobbied the British and Irish governments. The MUS was indefinitely suspended in both the U.K and Ireland. The procedure remains the mainstay of treatment for SI in the rest of the world. With the demand for treatment continuing unabated in these islands, Urogynaecologists and Urologists have had to look at alternative methods of treatment. One such treatment is the injection of a Periurethral Bulking Agent (PBA). This procedure which can be carried out as a Day case under local anaesthetic consists of a cystourethroscopic injection of a water based gel (Bulkamid) to the periurethral mucosa in the vicinity of the vesical neck.

Purpose:

To determine the subjective success rate of PBA in the treatment of SI in women. To determine the frequency and types of complications encountered and the need for repeat treatments.

Methods:

A retrospective chart review of the operation notes and clinic consultations of 50 consecutive patients who underwent PBA at the National Maternity Hospital for the treatment of SI.

Are our babies getting bigger? A Retrospective Twenty Year Review in a Tertiary Hospital. D. Cotter, M O' Brien and J.M. Walsh National Maternity Hospital, Dublin 2.

Danielle Cotter, Marguerite O' Brien, Jennifer Walsh

National Maternity Hospital, Dublin, Ireland

Abstract

We have witnessed various demographic changes over the past twenty years. In the National Maternity Hospital, over one third of mothers attending the Hospital are overweight and one in eight obese. Risk factors for fetal macrosomia include maternal weight. Fetal macrosomia is associated with significant maternal and neonatal morbidity. As birth weight increases, the likelihood of labour abnormalities, shoulder dystocia, birth trauma, and permanent injury to the newborn increases. Maternal obesity and fetal macrosomia have significant long term adverse health consequences and provide a serious challenge in obstetric care. Due to the potential adverse outcomes for maternal and infant it is important to monitor fetal macrosomia and its overall incidence.

The aim of this study was to analyse birth weights of babies born in the National Maternity Hospital. A retrospective statistical analysis of the birth weight expressed as percentages over a twenty year period from 2000– 2019 was carried out. Despite increasing maternal BMI, the overall birthweight remains stable and the number of fetal macrosomia infants has reduced. Factors influencing this are likely to include, increasing surveillance with greater access to growth scans during the pregnancy, routine testing for gestational diabetes in women with risk factors including raised BMI or history of diabetes. The stability in birthweight may also be attributed education around exercise and diet, increased rates of intervention in women with large for gestational age fetus on scan and interventions for example, recommending induction of labour to women with fetal macrosomia or pre-labour caesarean section at term.

AN UNUSUAL PRESENTATION OF BLADDER INJURY POST CESAREAN SECTION

Joan Lennon, Finnvola Armstrong, Sarah Milne

Our Lady of Lourdes, Drogheda, Ireland

Abstract

A patient attended for elective Cesarean section, the indication being one previous. No complications were noted at the time of surgery. The patient reported abdominal discomfort post delivery, though a CTAP showed no obvious collection. She was noted to be passing urine, albeit in small volume. The patient was discharged home and attended day 13 post surgery with significant abdominal pain and difficulty in micturating. A urinary catheter was placed and 10l of urine drained immediately. Repeat CT demonstrated a significant collection of urine within the abdomen. Biochemical analysis showed an acute kidney injury, with a creatinine of over 1,000 $\mu\text{mol/L}$. Both of these resolved almost entirely following placement of the urinary catheter.

This case describes the clinical course of this patient during her readmission and the management of this injury. It discusses the presumed mechanism by which urine entered and subsequently exited the abdomen, illustrated by relevant imaging.

Bladder injury is a significant potential complication of any Cesarean section. Trainees benefit from the discussion of complications in common procedures, both in the presentation and management of these.

REVIEW OF VAGINAL VAULT DEHISCENCE CASE PRESENTATIONS IN TALLAGHT UNIVERSITY HOSPITAL, DUBLIN

Jayavani Penchala, Aoife O'Neill, Cliona Murphy

Tallaght Univesity Hospital, Dublin, Ireland

Abstract

Vaginal vault dehiscence is a serious complication because of the risk of bowel injury, where perfusion of the bowel is impacted because of its prolapse into the vagina. Its incidence is between 0.03 and 0.28%. We reviewed two post-hysterectomy patients, who presented with vaginal vault dehiscence to access their nature of presentation, aetiology and interval between the surgery and presentation.

39 year old lady 4 weeks post Total laparoscopic hysterectomy presented with constipation, bloating and vaginal discharge. A speculum exam confirmed omental presence in the vagina and had emergency Laparoscopic vaginal vault repair.

81 year old lady, who had a Total Abdominal Hysterectomy over 30 years back, was brought in by ambulance to Emergency Department with lower abdominal pain and pinkish tissue in vagina following straining on the toilet for constipation. The small bowel was identified as prolapsing out of the vagina. Small bowel evaluated through the vaginal cavity and had Emergency Laparotomy for vaginal vault repair.

In both these cases preceding factor was constipation and the interval between the hysterectomy and vault dehiscence was 4 weeks and 30years.

Our review confirms, although a rare event, a high index of suspicion is warranted as these cases can present many years after hysterectomy. Early detection and rapid escalation can spare bowel injury.

Surgical Training in Obstetrics and Gynaecology – the trainee Perspective

Karen Mulligan¹, Aisling Redmond², Suzanne O'Sullivan³, Claire Thompson⁴

¹*Mater Misericordiae University Hospital, Eccles Street, Dublin 7, Ireland.* ²*Mater Misericordiae University Hospital, Eccles Street, Dublin 7, Ireland.* ³*Cork University Maternity Hospital, Cork, Ireland.* ⁴*Mater Misericordiae University Hospital, Eccles, Dublin 7, Ireland*

Abstract

Developing and maintaining gynaecological surgical skills has become increasingly challenging for trainees due to many reasons including high service provision in obstetrics and the Covid19 pandemic. This problem is not isolated to Ireland – RCOG recently launched the 'RCOG Training in gynaecological surgery recovery plan'.

This survey is the first part of a local improvement project within MMUH. Its aim was to ascertain the current opinions and confidence level of trainees following the impact of recent events on training and to develop an understanding of their career goals.

A 34 question survey was circulated to all O&G trainees in Ireland. Survey monkey was used to analyse the survey data.

We received 76 respondents, with 46% (n=35) having worked in O&G >5 years. 71% of trainees had contemplated leaving the specialty.

20% (n = 16) trainees had access to a Lap trainer in their hospital and of these, only 38% received teaching on the trainer. The only laparoscopic procedure in which >50% of trainees felt comfortable performing was veres entry at laparoscopy.

Two thirds of respondents (n=51) believed that the lack of gynae-surgery training has impacted decisions on future career choices. 43% of SPR trainees experiences difficulty in annual training progression due to a lack of surgical numbers.

Structured laparoscopic gynae simulator training should be offered to trainees from BST level. The Mater hospital recently received funding to develop training modules on high quality lap simulators. A pilot programme for BST and SPR trainees will be offered from January 2022.

OBESITY AND POSTPARTUM DEPRESSION RISK

Corina Opreescu, Amy Worrall, Michael Geary

Rotunda Hospital, Dublin, Ireland

Abstract

Being overweight or obese has been associated with anxiety, depression and other mental health disorders in a non-pregnant cohort, and demonstrated in long term meta-analyses. Obesity has also been associated with general mental disorders, in particular antenatal and postnatal depression among pregnant women and postpartum women. A recent systematic review of both antenatal and postnatal depression (PND) in women with obesity found that there is a dearth of formal antenatal screening routines or meaningful targeted interventions for this cohort of women. Given that obesity is a rapidly increasing problem in modern society, with nearly 1 in 5 pregnant women classified as obese (BMI > 29.9 kg/m²) at their booking visit in Ireland, it is important to identify obesity as an important risk factor for developing postpartum depression. The aim of this research is to describe the association between pre-pregnancy obesity (BMI > 29.9 kg/m² at booking visit) and screening positive for PND.

This was a retrospective cohort study of women who had live births in the Rotunda Hospital between 2015 and 2017 and who filled out the Edinburgh Postnatal Depression Scale (EPDS) as a screening tool for possible postpartum depression. We discovered a link between obesity and higher EPDS scores, and this finding highlights the need to identify obesity as an important risk factor for PND.

BENIGN FIBROADENOMA OF MAMMARY-LIKE ANOGENITAL GLAND ORIGIN; AN UNUSUAL VULVAL LESION

Barbara Burke, Oxana Hughes

Cork University Maternity Hospital, Cork, Ireland

Abstract

Mammary-Like Gland (MLG) fibroadenomas are rare anogenital tumours, the embryological origin of which has been debated. They have historically been attributed to ectopic mammary tissue, but are now thought to be derived from anogenital MLGs. These glands are hormone sensitive and can develop benign or malignant processes, similar to those observed in normally located breast tissue. Extra-mammary Paget disease and adenocarcinoma have been reported in vulval MLGs. These lesions can be cystic, ulcerated or solid; with the majority occurring on the labia minora.

We present the case of a 34 year-old woman, who was referred to the gynaecological service at Cork University Maternity Hospital, with a six month history of a small labial cyst. This arose subsequent to a vacuum delivery with episiotomy, to which she had initially attributed the changes. The lesion had slowly increased in size, though was otherwise asymptomatic. Following discussion of management options, the lesion was fully excised under general anaesthetic. At the time of procedure, the tumour was found to be a well circumscribed firm lesion, measuring 1x2cm. It was not adherent to adjacent structures, had normal overlying skin and no associated lymphadenopathy. Histopathological assessment determined it was a "benign fibroadenoma of mammary-type anogenital gland origin", with no evidence of atypia or malignancy.

Although rare, MLG fibroadenomas should be considered in the differential diagnosis for anogenital lesions. Pathological assessment is warranted to accurately determine tumour type and exclude malignancy. Excellent outcomes are reported with complete excision, and the recurrence risk is generally low.

Perineal Infection Rates Pre- and Post- Introduction of Routine Antibiotic Prophylaxis at Operative Vaginal Delivery

Maggie OBrien, Fionnuala Byrne, Caroline Brophy, Laoise OBrien

National Maternity Hospital, Dublin, Ireland

Abstract

Operative vaginal deliveries account for 13% of the total number of deliveries in our institution. The infection rate post-operative vaginal deliveries was 18% in 2020. We introduced antibiotic prophylaxis at operative vaginal delivery based on findings in ANODE trial. This study aimed to measure infection rates in the women undergoing operative vaginal delivery pre- and post- introduction of antibiotic prophylaxis.

Methods

This retrospective study recorded operative vaginal deliveries in two 3-month periods July to September 2020 and January to March 2021. Basic demographics, method of delivery, injury at delivery and complications were recorded. Patients were split into two groups. Group A were patients who had an operative delivery pre-introduction of routine antibiotics and Group B were patients who had an operative delivery post-introduction of routine antibiotics. Primary outcome was confirmed or suspected perineal infection within 6 weeks of delivery..

Results

227 patients in Group A and 242 patients in Group B underwent an operative vaginal delivery for different maternal or fetal reasons. Vacuum delivery was the preferred instrument in group A and B (65.6% vs 68.2%) followed by forceps (27.3% vs 17.9%) and delivery using both instruments (7% vs 13%). The total perineal wound infection rate in Group A was 18% versus 6.35% in Group B.

Discussion

The true incidence of perineal infection is not established as many patients are managed in the community by the GP and not captured by the hospital. The findings reported here demonstrate a dramatic reduction in perineal wound infections following introduction of routine antibiotic prophylaxis.

A retrospective cohort study of women under 50 with menorrhagia requiring surgical intervention in Rotunda Hospital 2020.

Alana Daly¹, Vicky O'Dwyer²

¹Royal College of Surgeons in Ireland, Dublin, Ireland. ²The Rotunda Hospital, Dublin, Ireland

Abstract

Many premenopausal women suffer from menorrhagia which can often significantly affect their quality of life. There are both medical and surgical options to manage menorrhagia and the NICE guideline suggest a conservative approach in the first instance.

This study aimed to assess the likelihood of successful uterine sparing surgical treatment of menorrhagia (endometrial ablation, transcervical resection of fibroids/endometrium and myomectomy) in a premenopausal cohort of women in whom medical management had failed.

We reviewed the clinical notes of all patients who had surgical management in the Rotunda Hospital in 2020 to investigate if minimally invasive surgical techniques were effective and in what proportion of our population.

There were 107 participants with a mean age of 43.3 years (sd 5). The primary pathology was, fibroids in 43.9%, 14.9% had polyps, 6.5% had adenomyosis, 2.8% had endometrial hyperplasia, 1.8% had endometrial cancer. 23.3% had unexplained menorrhagia or dysfunctional uterine bleeding. The uterus was conserved in 68% while 32% had a hysterectomy. Among the 14 women who were clinically anaemic, only 3 (21%) had a hysterectomy.

We conclude that for the majority of patients who fail medical treatment of menorrhagia, less invasive procedures can be as effective. This is true even in the more severe cases where anaemia has resulted.

MENSTRUAL PATTERNS AMONG SECONDARY SCHOOL ADOLESCENTS IN KHARTOUM, SUDAN FROM DECEMBER 2020 TILL JUNE 2021. O. Mohammed, E.

M. Nuraldeen. Sudan Medical Specialisation Board, Khartoum, Sudan

Ola Mohammed Bashir Mohammed, Essam Mohamedali Nusraldeen Almahdi

Sudan Medical Specialisation Board, Khartoum, Sudan

Abstract

Adolescent girls face morbidities related to menstruation which are unrecognized due to unfamiliarity of girls with characteristics of menstrual cycles and their reluctance to discuss this issue.

Descriptive cross-sectional study was conducted among 306 girls of 10-19 years by using questionnaires. In Khartoum which is the capital of Sudan, in three high schools by stratified random sampling. Written consents obtained from their guardians.

In this study, the age at menarche in the majority of adolescents was at 13 years 41.2%, at 14 years 28.4%, at 12 years 19.9%, at 11 years 7.5% and at 10 years only 2.9%. The length of the cycle was from 21 to 35 days in 77.8%, Less than 21 days in 11.1%, and the same percentage for cycles More than 35 days. The bleeding days of the cycle were 7 days or less at 91.5%. The subjective amount of blood loss was moderate in 85.3%, large in 10.5%, and only 4.2% described minimal amount. The quality of life during the menstrual cycle is affected in 59.8% of adolescents. The majority of adolescents, 81.7%, described their menstrual cycle as regular.

Regarding prevalence of associated symptoms during the cycle: 81.4% experienced dysmenorrhea, 73.9% experienced mood swings, 16.3% have been absent from school at least once, and 35.3% experienced withdrawal from social activities.

In Conclusion, Adolescent girls should be educated to differentiate between normal and abnormal menstrual patterns for early identification of potential health concerns.

WHEN SERUM HCG REACTIVITY POSE A DIFFICULTY IN DIAGNOSIS : A CASE REPORT

Mai Khanh Kieu Xuan, Michael Gannon

Department of Obstetrics and Gynaecology, Mullingar Regional Hospital, Mullingar, Ireland

Abstract

Human chorionic gonadotropin (hCG) physiologically is produced by syncytiotrophoblasts in the placenta during pregnancy. Therefore, raised level of serum hCG mostly known for a positive pregnancy status. In some cases, however, serum hCG reactivity may pose diagnostic difficulties.

A 48 year old female was referred to EPAU after a positive urine pregnancy test at her GP visit for investigation of missed periods. Patient thought she was peri-menopausal and was greatly concern as she did not plan for this pregnancy. Her transvaginal ultrasound showed an empty uterus, no adnexal mass and overall no evidence of pregnancy. Her serum beta HCG at that first EPAU visit was 37736 mIU/ml and progesterone level was 1.27 ng/ml. With the high unusual amount of serum hCG, low progesterone and no evidence of pregnancy on ultrasound scan, malignancy is suspected. But where should we start?

Human chorionic gonadotropin, in oncology point of view, serves as a marker of gestational trophoblastic disease and germ cell tumours but also in non-trophoblastic and non-germinal malignancies. This 48 year old lady has no specific symptoms at her EPAU visit – she reports no pregnancy symptoms (such as nausea or breast tenderness) and complaint only of occasionally mild headache. Her CA125 and CA19.9 were within normal range. CEA was mild elevated at 10.8 ng/ml and AFP was elevated at 16.8 U/ml. One month after her first EPAU visit, patient developed dysphagia. She had an urgent gastroscopy done and a diagnosis of gastric tumour was made,

Neutrophil to Lymphocyte ratio (NLR) and pregnancy outcome in women with idiopathic recurring pregnancy loss.

Susan McClintock¹, Karen Mulligan², Zoe Tsvetanova², Paul Downey³, Cathy Allen³

¹*National Maternity Hospital St, Dublin 2, Ireland.* ²*National Maternity Holles St, Dublin 2, Ireland.*

³*National Maternity Hospital,, Dublin 2, Ireland*

Abstract

Recurring pregnancy loss refers to the consecutive loss of 3 or more pregnancies in the first trimester. In comparison to 1 or 2 losses, recurring miscarriage is uncommon, affecting 1-3% of the pregnant population and is associated with significant morbidity. Despite extensive investigations, RPL remains unexplained in almost half of cases. There has been a focus in the literature on NLR in early pregnancy. There is a paucity of data on NLR in RPL patients in the nonpregnant state.

Aim: To establish whether the neutrophil to lymphocyte ratio (NLR) in the non-pregnant state is altered in patients affected by RPL, compared to a healthy control group.

Retrospective Retrospective chart review of haematologic indices and calculation of NLR. Mean age was the same in both groups

Group 1. RPL patient cohort with a normal cytogenetics on products of conception

Group 2. RPL patient cohort with abnormal cytogenetics on products of conception

75 cases were identified. 45 cases (60%) had a normal karyotype and 35 (40%) had an abnormal karyotype. Mean NLR in RPL patients with normal karyotype was 3.18 compared to 2.77 in those with an abnormal karyotype.

NLR was shown to be higher in RPL patients with a normal karyotype compared to those with an abnormal karyotype. This study should be replicated in a larger cohort and the role of NLR should be investigated as a prognostic indicator for a successful pregnancy following RPL.