Junior Obstetrics & Gynaecology Society

ANNUAL SCIENTIFIC MEETING 2022

FRIDAY 25TH NOVEMBER 2022

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DEMOGRAPHIC CHANGES IN PRIMIPARAE OF IRISH ETHNICITY BETWEEN 2000 AND 2020

Anam Shah [1], Nadine Farah [2], Michael O'Connell [2], Stephen Lindow [2]

1. Connolly Hospital Blanchardstown
2. Coombe Women and Infants University Hospital

Abstract

Background: Trends in maternal demographic changes linked to lifestyle and socio-economic conditions reflect greatly on maternal, perinatal and infant mortality rates. Hospital data reflect a heterogenous population where specific demographic changes may not be obvious.
Objectives: To report yearly demographic changes in Irish primiparae from 2000 to 2020, specifically looking at age, BMI, smoking and marital status of patients attending the Coombe Women and Infant's University Hospital (CWIUH).

Methods: Retrospective report of demographic details contemporaneously documented on the CWIUH data base.

Findings: In the years 2000 to 2020 inclusive there were 47,659 primiparous women of Irish ethnicity delivered at the CWIUH (70.2% of the total primiparae), of those 99.3% were Caucasian. There was a significant rise in mean age at first delivery in Irish mothers; 26.0 years old in the 2000 to 30.9 years old in 2020 associated with a rise in mean BMI of 9.1%.
Smoking rates (ever smoked) showed a significant reduction from 53.9% in 2000 to 39.3% in 2020.

There was a significant decrease in rates of marriage, with 61.9% married in 2000 compared to 46.3% in 2020.

Birth weight and prematurity rates remained unchanged, with fall in mean gestational age at first delivery from 279.3 days in 2000 to 275.8 days in 2020.

Conclusion: This study highlights that Irish primiparae are older, heavier, less likely to smoke and to be married than they were 20 years ago. These trends are an interesting glimpse into changing economic and cultural climate over just the past 2 decades.

FATAL FETAL ANOMALY: EXPLORING EXPERIENCES OF WOMEN AND THEIR PARTNERS

Peter Jackson [1], Rebecca Dennehy [1], Stacey Power-Walsh [1], Keelin O'Donoghue [2]

1. Pregnancy Loss Research Group, Department of Obstetrics & Gynecology, University College Cork, Cork, Brookfield Health Sciences Complex, College Road, University College Cork, IE-C T12 AK54 Ireland
2. 1INFANT Research Centre, University College Cork, Cork 2Pregnancy Loss Research Group, UCC. Pregnancy Loss Research Group, Cork University Maternity Hospital Cork, IE-C Ireland

Abstract

Background: The diagnosis of a fatal fetal anomaly (FFA) can have a traumatic impact. Parents are faced with a number of decisions, one of these may be whether to continue the pregnancy or to terminate the pregnancy. In January 2019, the provision of termination of pregnancy for FFA was legalised in Ireland. Parents' experiences of both continuing and terminating their pregnancy following a FFA diagnosis in this new context need to be examined, to help inform care.

Objective: This study aimed to explore the care experiences of parents whose pregnancy was diagnosed with a FFA.

Methods: A qualitative study using in-depth semi-structured interviews and interpretative phenomenological analysis was undertaken. Purposeful sampling was used to recruit ten parents, six women and four of their partners. Parents' experiences of care reflected four of the six fetal medicine units in Ireland and were equally balanced between those that terminated the pregnancy and those that continued.

Findings: Three superordinate themes were identified: Consistency of Quality care; Recognition; Attachment and coping. Findings indicate that the care provided following the diagnosis of a FFA has an intense impact on the parental experience. Inconsistency of care at times left parents feeling like their loss was not fully acknowledged by care. Parents highlighted the positive impact when it was recognised that they were going through a traumatic experience, which changed how they fitted into the maternity setting and changed how they approached their relationship with their baby. Parents indicated that clear, empathetic, and thoughtful communication facilitated trust between them and the care provider, whereas failings in communication created a disconnect.

Conclusion: This study provides unique insight into the experiences of parents whose pregnancy was diagnosed with a FFA, helping to further understand their needs. There is a need for consistent, well communicated, and comprehensive care, which encourages a perinatal palliative care approach that is individual to the parent.

IMPACT OF ADVERSE CLINICAL EVENTS ON MATERNITY HEALTHCARE STAFF: THE UNSPOKEN EFFECTS OF SECOND VICTIM PHENOMENON

Orla Keenan [1], Anthony Sheppard [2], Fiona Sampson [3], Ruth Mathew [3], Mendinaro Imcha [3]

1. University Hospital Galway.
2. Obstetrics and Gynaecology, Cork University Maternity Hospital, Cork.
3. University Maternity Hospital Limerick

Abstract

Background: Adverse events and their sequelae are an unavoidable reality of working in healthcare. Errors among healthcare staff come at significant cost to patients but also to the institutions and professionals involved. A recent BMJ analysis suggests that medical error may be responsible for up 400,000 deaths annually in the US, making it the third most common cause of mortality.(1) Maternity care is no exception with up to 8% of deliveries associated with an adverse outcome.(2) In 2000 Albert Wu coined the term "second victim"(3) as the healthcare provider who experiences "unanticipated adverse events or patient-related injuries" and subsequently becomes traumatized in some way by the event.(4) Despite the fact that the US records approximately 700,000 direct maternal deaths and more than 1 million fetal losses annually, there are minimal existing data on the "impact of a maternal/perinatal loss on providers of maternity care."(5)

Objective: To investigate the impact of adverse events on healthcare workers delivering maternity care in a tertiary unit.

Methods: Cross-sectional qualitative study in which maternity care staff were surveyed anonymously on:
1.Involvement in adverse clinical event(s).
2.Categorisation of event.
3.Professional and psychosocial impact of event(s).

Results: 81% of respondents had previous involvement with an adverse event. Of these, 59% noted guilt associated with the event, 67% reported low mood, 64% experienced anxiety and 77% replay of the event. 38% experienced all the above. 76% felt the event had a negative impact on their work performance and 77% considered leaving the profession.

Conclusion: It is clear that adverse events in maternity care have a significant impact, both professionally and personally, on those who deliver the service. We must support maternity care providers to overcome challenges posed by adverse events. More research is needed to better equip institutions to anticipate and meet the needs of staff who bear the psychosocial and professional impact of the second victim phenomenon.(6)

OUTCOMES OF DELIVERY IN NON-DIABETIC WOMEN AND BABIES INDUCED FOR LARGE FOR GESTATIONAL AGE

Rachel O'Keeffe [1], Karen Mulligan [2], Mohamed Elshaikh [1], Zara Fonseca Kelly [1]

1. National Maternity Hospital Holles Street
2. Dept of Gynaecological Oncology, Mater Misericordiae University Hospital, Dublin, Ireland University College Dublin, Belfield Dublin, IE-D D04V1W8, Ireland

Abstract

Background: Large for gestational age(LGA) is defined as an estimated fetal weight(EFW) >90th centile for gestational age. LGA deliveries are associated with increased maternal and perinatal morbidity including birth trauma, caesarean section (CS), postpartum hemorrhage (PPH) and shoulder dystocia (SD). Despite the documented complications of LGA pregnancies in the non-diabetic population there is no consensus on the optimal timing of induction of labour.

Objective: To review the outcomes of delivery in non-diabetic women and babies induced for LGA based on gestation at induction.

Methods: Retrospective cohort study of all non-diabetic women undergoing induction of labour(IOL) for LGA in a tertiary referral centre over a 1-year period (Jan - Dec 2021). LGA was defined as either EFW>95th centile for gestational age or abdominal circumference (AC) value > 95th centile. Standardised-anonymised data was collected from electronic healthcare records.

Results: 119 patients were found to fit the criteria. 13 were excluded as they had delivered spontaneously prior to IOL. Of the remaining 106 patients, 31 %(n=33) of patients were nulliparous. 69% (n=73) were multiparous. Median BMI was 27.9. 27% (n=29) of patients had delivered a baby weighing >4kg previously. 15%(n=16) of patients were induced at 38weeks. 40%(n=42) were induced at 39weeks. 29%(n=31) were induced at 40weeks and 16%(n=17) were induced at 41weeks. The overall instrumental rate was 13%, CS was 15% and the spontaneous vaginal delivery(SVD) was 72%. Complications included SD (5%), PPH (21%) and one 3rd degree tear. 14% of babies required NICU admission.

Conclusions: There was a higher rate of CS in both primiparous and multiparous women induced at 38 weeks. There was a higher incidence of instrumental deliveries in women induced after 41weeks. Overall there was a 72% rate of SVDs. NICU admissions were increased after 41weeks compared to other gestations. All 5 cases of SD were seen in IOL after 40weeks. Further guidance is needed on IOL and the optimal timing of IOL in non-diabetic women with LGA.

THE EFFECT OF TIME-RESTRICTED EATING ON INSULIN LEVELS IN POLYCYSTIC OVARIAN SYNDROME: A RANDOMISED FEASIBILITY STUDY OF REAL-WORLD CLINICAL ADVICE

Ruairí Floyd [1], James Gibney [2], Lisa Owens [3], Niamh Phelan [3], Ana Rakovac Tisdall [4], Carel LeRoux [5], Sinead Duggan [6], Lucy-Ann Behan [2]

1. Coombe Women & Infant's University Hospital, Dublin
2. Robert Graves Institute of Endocrinology, Tallaght University Hospital, Dublin
3. Department of Endocrinology, St. James's Hospital, Dublin
4. Department of Clinical Chemistry, Tallaght University Hospital, Dublin
5. Institute of Biomolecular and Biomedical Research, University College Dublin
6. Department of Surgery, School of Medicine, Trinity College Dublin

Abstract

Background & Objective: Polycystic ovarian syndrome (PCOS) is associated with hyperinsulinemia, insulin resistance and increased lifetime risk of type 2 diabetes mellitus. Time-restricted eating (TRE) represents a novel intervention with potential to reduce insulinaemia and confer weight-related benefits, but is as yet untested in PCOS. In a randomised, cross-over study, we assessed the effects of TRE in PCOS regarding feasibility, fasting insulin, insulin resistance, weight and waist circumference.

Designs & Methods: Participants were randomised to either TRE (18h fast/6h eating window) or 'usual eating' (no time-restriction) and were retested after 12 weeks. Primary endpoints were fasting insulin, intervention safety, and compliance. Secondary endpoints were insulin resistance (HOMA-IR/ QUICKI), weight and waist circumference.

Results: Nine participants have completed the 12-week intervention and interim analysis is presented (total expected recruitment: n=20). In the TRE group (n=5), the mean(SD) age and BMI was 29.2(3.1)years and 36.7(7.5)kg/m2, respectively. In the 'usual eating' group (n=4) the mean (SD) age and BMI were 29(8.2) and 34.2(9.2) respectively (groups not different for any parameters at baseline).
TRE was deemed to be a feasible intervention with no dropouts, side-effects, and near-total compliance. Changes in waist circumference, insulin, and insulin resistance did not differ statistically. The TRE group lost mean (SD) 1.7(1.8)Kg weight while the 'usual eating' group gained mean(SD) 1.75(1.7))Kg (P=0.032). All in the TRE group lost weight, while 3/4 in the 'usual eating' group gained weight.

Conclusion: TRE was a safe and feasible in PCOS, and versus 'usual eating', patients lost significant weight. Other metabolic/anthropometric data did not differ.

THE IMPACT OF ENHANCED RECOVERY AFTER GYNAECOLOGICAL SURGERY: A SYSTEMATIC REVIEW AND META-ANALYSIS

Alice O'Neill [1], Gavin Calpin [2], Lucy Norris [3], James Beirne [4]

1. Wexford General Hospital
2. Department of Surgery, Beaumont Hospital, Beaumont Road, Dublin 9
3. Department of Obstetrics and Gynaecology, Trinity St James' Cancer Institute, St James' Hospital
4. Department of Gynaecological Oncology, Trinity St James' Cancer Institute, St James' Hospital

Abstract

Background: Enhanced Recovery After Surgery (ERAS) programs have become the gold standards of care in many surgical specialities.

Objectives: This updated systematic review and metanalysis aims to evaluate how an ERAS program can impact outcomes across both benign and oncological gynaecological surgery to inform standard surgical practice.

Study Design and Methods: An electronic search of the SCOPUS, Embase and PubMed Medline databases was performed for relevant studies assessing the use of ERAS in patients undergoing gynaecological surgery compared with those without ERAS. The studies included were all trials using ERAS programs in gynaecological surgery with a clearly outlined protocol which included at least four items from the most recent guidelines and recorded one primary outcome. Meta-analysis was performed on two primary endpoints; post-operative length of stay and readmission rate and one secondary endpoint; rates of ileus. Further subgroup analyses was performed to compare benign and oncological surgeries.

Main results: Forty studies (7,885 patients) were included in the meta-analyses; 15 randomised controlled trials and 25 cohort studies. 21 studies (4,333 patients) were included in meta-analyses of length of stay. Patients in the ERAS group (2,351 patients) had a shortened length of stay by 1.22 days (95% CI: -1.59 – -0.86, P<0.00001) compared to those in the control group (1,982 patients). Evaluation of 27 studies (6,051 patients) in meta-analysis of readmission rate demonstrated a 20% reduction in readmission rate (RR: 0.82, 95% CI: 0.68-0.97).

Conclusions: ERAS pathways significantly reduces length of stay without increasing readmission rates or rates of ileus across benign and oncological gynaecological surgery.

AN AUDIT OF CARE RECEIVED BY WOMEN WITH RECURRENT MISCARRIAGE AND INFERTILITY USING GUIDELINE-BASED KEY PERFORMANCE INDICATORS FOR RM

Laura Linehan, Marita Hennessy, Caragh Flannery, Keelin O'Donoghue

1. INFANT Research Centre, University College Cork, Cork
2. Pregnancy Loss Research Group, UCC, Cork University Maternity Hospital

Abstract

Background: International guidelines for the management of recurrent miscarriage (RM) do not provide detailed guidance for the care of women/couples with concurrent infertility. Research studies concerning the investigation and treatment of RM frequently omit this cohort. The aim of this study was to assess the care of women/couples with infertility attending a RM clinic in a large tertiary unit in the Republic of Ireland.

Study Design and Methods

We conducted an audit of women with RM and infertility attending our RM clinic from 2008-2020 against 110 guideline-based key performance indicators (KPIs) for RM care which encompass five categories: structure of care, counselling/supportive care, investigation, treatment and outcomes. Information was gathered from clinical documentation from the RM clinic, laboratory results and electronic health records.

Results: We identified 128 women with infertility and RM. Information provision regarding modifiable risk factors (71%; 91/128) and unexplained RM (53%; 69/128) could be improved. Most women were investigated in line with KPIs, with the exception of pelvic ultrasound (40%; 51/128), cytogenetic analysis (27%; 34/128) and 3D ultrasound (2%; 2/128). Immunotherapies were seldom prescribed (<1%); however, 98% (125/128) of women received aspirin, 48% LMWH (62/128) and 16% corticosteroids (21/128). Surgical interventions were uncommon (5%; 6/128)). The subsequent pregnancy rate was 70% (89/128), with 48% undergoing artificial reproductive technology (43/89). The livebirth rate was 63% (56/89); 37% had a further pregnancy loss (33/89).

Conclusion: Women with RM and infertility received care largely in line with guideline-based KPIs. However, we identified several areas for improvement, including the quality of information provision and access to certain investigations. There was a notable rate of prescribed medications, with a relatively high further pregnancy loss rate. A national guideline is required to standardise care for this cohort; this work highlights areas for improvement and should direct implementation.

CAESAREAN BIRTHS IN A NON-OBSTETRIC HOSPITAL CONSIDERATIONS FOR CARE

Sara Mohan [1], Jasmeet Kumari [2], Claire McCarthy [2], Jennifer Donnelly [2]

1. Mater Misericordiae University Hospital Dublin.
2. Rotunda Hospital

Abstract

Background: Women with complex medical and surgical conditions often require multidisciplinary specialist care and can occasionally require delivery in a non-obstetric unit. There are significant challenges to births in non-obstetric units.

Objective: To examine births in a non-obstetric unit, remote from a maternity unit.
Study Design and Methods: Retrospective chart review examining maternal and neonatal demographics, and care needs of women who delivered in a non-obstetric unit, during an eleven year period from January 2010 to December 2020.

Findings/Results: There were 37 Caesarean births, equivalent to 0.03% of all maternities registered at the affiliated maternity unit. The most common reasons for delivery in this unit were cardiac conditions and placenta accreta spectrum disorder. All births were on weekdays, with 29 during core working hours (08:00-16:00). All required multidisciplinary input from obstetrics, midwifery, anaesthesiology and neonatology services, along with inter-hospital transfer services. 22 were then transferred to the maternity hospital on the same day as delivery, the remained required further level 3 or 4 support. Neuraxial anaesthesia was used in 24 of 37 cases. One in six infants were breastfed on discharge, with mean gestational age at birth of 34 weeks.

Conclusions: There is significant input of the MDT in births in a non-obstetric unit. Due to the preterm gestation at which these births often occur, greater support may need to be provided for the care of the infants along with interventions and supports to improve breastfeeding rates in this cohort of women with significant medical conditions.

SURGICAL INSTRUMENT WRAP: A PILOT RECYCLING INITIATIVE

David Rooney [1], Laura Linehan [2], Cathy Burke [2]

1. Department of Obstetrics and Gynaecology, University Hospital Waterford, Waterford, Ireland 2.Department of Obstetrics and Gynaecology, Cork University Maternity Hospital, Cork, Ireland

Abstract

Background: 7% of general waste and 20% of healthcare risk waste produced in acute hospitals in Ireland comes from operating theatres. Surgical wrap comprises 11% of all waste in the operating theatre. Segregation and recycling of this material for recycling can therefore both reduce the volume of both non-risk and healthcare risk waste generated in hospital theatres, and reduce the carbon footprint of our hospitals.

Objectives: The primary aim of this study was to pilot the implementation of a recycling initiative for surgical instrument set wrapping in an operating theatre in Ireland. Secondary aims included measurement of the quantity and surface area of surgical wrap diverted from general waste to recycling streams over a one-month period and estimation of the carbon emissions that could be avoided annually because of this diversion.

Methods: Multiple stakeholders including hospital management, theatre nursing staff, theatre porters and waste management were involved in this projects implementation. We prospectively quantified the amount of polypropylene surgical wrap generated by a single gynaecology theatre at Cork University Maternity Hospital over a five-week period, from 24/1/22 to 1/3/22. At the end of the study period, individual sheets of polypropylene wrap were counted and dimensions were measured to calculate the total surface area of surgical wrap saved for recycling.

Results: 66 surgeries were performed over our study period. 221 individual sheets of surgical wrap were collected, equating to 282.1m^2 of polypropylene. We estimate that 11,488m2 of surgical wrap could be recycled annually from our gynaecology theatre with an associated annual carbon emissions saving of 1.2 tonnes of CO2.

Conclusion: Diversion of surgical wrap from general waste and hazardous waste streams to the recycling stream is something that is achievable in every operating theatre. We have shown that small changes to operating theatre waste disposal practices have the potential to yield significant reductions to theatre waste outputs and to hospital carbon emissions.

AHR LEGISLATION – WHAT PATIENTS WANT!

Sorca O Brien [1], Laurentina Schaler [1], Amy Giblin [2], Louise Glover [3], Mary Wingfield [1]

1. National Maternity Hospital, Merrion Fertility Clinic
2. Merrion Fertility Clinic/ UCD
3. Merrion Fertility Clinic/UCD/TCD

Abstract

Background: Ireland remains 1 of 5 European countries lacking dedicated legislation on Assisted Human Reproduction (AHR). Draft legislation, first introduced in 2017, was recently revised with a view to its enactment in 2022. Challenges can arise when healthcare legislation is introduced without key stakeholder input, as highlighted by recent controversial legislative decisions in the US (Roe-vs-Wade) . Having previously assessed opinions of Healthcare Professionals regarding the proposed legislation, we sought to ascertain views of fertility patients.

Aim: To ascertain views of fertility patients regarding proposed legislation to ensure their voice would be heard.

Study Methods: A survey questionnaire based on clinically relevant aspects of the Irish draft AHR Bill 2017 was circulated using an online platform to all patients who had a doctor consultation at our fertility clinic from 2020-2021 inclusive.

Results: 1041 respondents completed the survey (response rate 25%). Most (97.7%) supported the establishment of a regulatory authority. Similar to our previous study of HCPs, >80% of patients support access to varied techniques, with >70% expressing support for treatment availability regardless of relationship status or gender identity. Views of patients are at variance with several proposals surrounding surrogacy, with 86% favouring a pre-birth order to assign parentage from birth, rather than the proposed birth order 6 weeks after birth. The majority (89%) also support legislation around international surrogacy. . Contrary to the draft Bill, 72% of patients believe men, like women, should be able to use posthumously stored gametes/embryos belonging to deceased partners/couple. 60% opposed mandatory counselling for all patients.

Conclusions: This study has uniquely ascertained views of fertility patients regarding proposed legislation. Those views support a liberal and equitable approach to availability of AHR treatments in the context of appropriate, balanced legislation and regulation. Some majority opinions are at variance with the proposed legislation.

ACTIVE PUSHING VS PASSIVE DESCENT: CONSENSUS, SCIENCE AND CASE-BY-CASE BASIS

Nicola O'Riordan [1], Laura Moran [2], Declan Keane [3]

1. National Maternity Hospital
2. RCSI Medical Student
3. Prof RCSI

Abstract

Objective: The impact of delayed vs immediate pushing in the second stage of labour on mode of delivery remains without consensus. Research is conflicting with much focus on timing of delayed pushing (DP) vs immediate pushing (IP). We evaluate whether focus on progress in the first stage of labour, the use of oxytocin and the position/station of the vertex at the time of full dilation should guide the decision for DP vs IP on a case-to-case basis.

Study Design: A retrospective chart review was undertaken in the National Maternity Hospital Dublin from July to November 2021, evaluating second stage management in 500 consecutive nulliparous women at term. Inclusion criteria specified a cephalic presentation and use of neuraxial analgesia. Management of the second stage was examined, and spontaneous vaginal delivery (SVD) was the primary outcome. Secondary outcomes included duration of active pushing (DOAP) and neonatal outcome.

Results: Of the 500 labours, 234 IP and 266 DP cases were identified. The rate of SVD was 64% in the IP group and 50.7% in the DP group (p=0.01). There was a moderate positive correlation demonstrated between the duration of the first stage of labour and the duration of active pushing (r=0.25, p< 0.01). Duration of delay before pushing was positively correlated with DOAP (r=0.28, p< 0.01). Occipitoposterior and occipitotransverse positions were more commonly associated with DP (29.6% of presentations) than IP (21.3% of presentations.) Those with spontaneous labours had shorter DOAP vs induced (-5.7minutes, CI -9 to -1minutes, P=0.04), and a higher rate of SVD (51% vs 48%). 65.2% of labours had oxytocin commenced in the first stage and its use was associated with longer DOAP (6.7mins, CI 2.6 to 10.9, p=0.001)

Discussion: Second stage management cannot be thought of in terms of simple recommendations for or against allowing DP, but rather as a component of an overall physiological process which considers myometrial function or dysfunction on a case-by-case basis, and takes into account fetal presentation and station.

IMPACT OF A NOVEL APP-ASSISTED HEALTHCARE SOLUTION FOR GESTATIONAL DIABETES

Suzanne Smyth, Patrick Dicker, Ronan Daly, Elizabeth Tully, Fionnuala Breathnach
Department of Obstetrics and Gynaecology, RCSI Unit, Rotunda Hospital

Abstract

Incorporation of information and communication technology into healthcare management has provided novel solutions to combat operational and financial challenges through the development of telemedicine pathways. Gestational diabetes (GDM) is a perfectly suited condition on which to model such strategies, through the potential for remote surveillance of self-monitored glycemia. We sought to evaluate the impact of a smartphone app-assisted self-management program for GDM on a range of maternal and neonatal outcomes.

A bespoke smartphone app linked to a secure hospital portal was developed. Bluetooth-enabled glucometers and a secure link to the patient-facing app were provided. Glycemic indices, perinatal outcome and service usage were assessed and compared with a matched historical control cohort of GDM patients who underwent GDM clinic-based surveillance of glycemic control. Continuous data were assessed using independent samples t-test and categorical data were assessed using Chi squared and Fischer's exact tests.

169 women engaged with app-assisted care and their data were compared with 162 patients from a historical cohort. App-use was associated with a 2-point reduction in the mean fasting blood glucose (BG) level ($p=0.022$), a 5-point reduction in mean postprandial BG level ($p< 0.001$) and fewer instances of above threshold BG values. Maternal and neonatal outcome data were similar between the groups however, rates of caesarean delivery were lower among app users. Among app-assisted care patients, fewer clinical encounters and shorter postnatal hospital stays were observed ($p< 0.012$; $p< 0.0045$). Cost-effective analysis significantly favoured an app-based approach.

App-assisted care achieved optimised glycaemic control for 80% of participants, with significant reductions in both mean fasting and postprandial BG levels. Translation of this telemedicine solution into clinical practice has a beneficial impact on the number of patients requiring treatment intensification, resulting in a significant reduction in health economic metrics.

MATERNAL EXPECTATIONS AND EXPERIENCE DURING LABOUR AND POSTNATAL PERIOD

Farzana Shahir

Abstract

Introduction

Childbirth and its related experiences have the potential physical and psychological effects on women's lives in the short and long term. Many factors play an effective role in the positive and negative childbirth experiences of the mother. This study aimed to examine the prevalence and factors affecting negative labour experience and postnatal care.(1) Prevalence of fear of childbirth (FOC) in Western countries varies from 8 to 27%..(2) Although a healthy outcome is the primary goal, many women typically also desire a birth experience that is positive (e.g., empowering, happy and satisfying. Negative birth experience has been linked to postpartum depression and post-traumatic stress symptoms and postponing the next pregnancy (3).

Objective

To evaluate maternal expectations and experiences in terms of Information, support and clinical care during labour and postnatal period.

Material and methods and setting.

Cross section study Audit was carried out Irish tertiary level maternity hospital.86 women were interviewed using structured proforma.

Inclusion criteria

All women who had normal or instrumental delivery.

Exclusion criteria

All women delivered as elective caesarean section or Pre labour emergency caesarean section due to maternal or fetal indication.

Data analysis

Data analysis were performed using Smart PLS software, deferent variable of
Satisfaction were Analysed using mean, median p value and standard deviation.

We found that overall women were satisfied with intrapartum care, there was still area of improvement in information provision regarding indicators of instrumental deliveries and caesarean section, most wanted a birth plan discussion at end weeks of pregnancy and provision of information and discussion of labour and Mod of delivery. 98 % women and their partners were Satisfied with support during labour, remaining found midwife were less in number and were busy. clinical care 97% were

MICROBEMOM; A DOUBLE-BLINDED RANDOMISED CONTROLLED TRIAL TO ASSESS THE ABILITY OF BIFIDOBACTERIUM BREVE 702258 TO TRANSFER FROM MOTHER TO INFANT

Rebecca Moore [1], Sarah Louise Kileen [1], Aisling Geraghty [1], Cara Yelverton [1], Conor Feehily [2], Calum Walsh [2], Paul Cotter [2], Douwe Van Sinderen [3], Eileen Murphy [4], Fergus Shanahan [2], Radka Fahy [5], Fionnuala McAuliffe [1]

1. UCD Perinatal Research Centre, University College Dublin, National Maternity Hospital
2. Teagasc Food Research Centre, Cork, APC Microbiome Ireland, Cork
3. School of Microbiology UCC, APC Microbiome Ireland
4. Precision Biotics, Cork
5. NIBRT

Abstract

Background: The composition of the infant microbiome can have a variety of short- and long-term implications for health. It is unclear if maternal probiotic supplementation in pregnancy can impact the infant gut microbiome.

Objective: The aim of our study was to investigate if maternal supplementation of a formulation of Bifidobacterium breve 702258 from early pregnancy until three months postpartum could transfer to the infant gut.

Methods: This was a double-blinded placebo controlled randomised-controlled trial of B. breve 702258 (minimum 1x109 colony forming units) or placebo taken orally from 16-weeks' gestation until three-months postpartum in healthy pregnant women. The primary outcome was the presence of the supplemented strain in infant stool. Stool samples were collected from the infants at 1-week, 1-month, or 3-months postpartum, with 120 individual infants' stool samples required to have 80% power to detect a difference in strain transfer between intervention and control. Presence of the supplemented strain at each of the timepoints was defined as being detected in the infant stool based on at a least two of three methods, i.e., strain specific PCR, shotgun metagenomic sequencing, or genome sequencing of cultured B. breve. Rates of detection were compared using Fishers exact test.

Findings: 160 pregnant women with an average age of 33.6 (3.9) years, mean BMI of 24.3 (22.5, 26.5) kg/m2 and 43% with nulliparity (n=58) were recruited from September 2016 to July 2019. Neonatal stool samples were obtained from 135 individual infants (65 in intervention and 70 in control). The presence of the supplemented strain was detected through at least two methods (PCR and culture) in two infants in the intervention group (n=2/65, 3.1%) and none in the control group (n=0, 0%), p = 0.230.

Interpretation: Direct strain transfer from mothers to infants of B. breve 772058 occurred, albeit infrequently, highlighting potential for maternal supplementation to introduce microbial strains into the infant microbiome.

Funding: Trial registration number: ISRCTN53023014

THE GENETIC QUAGMIRE OF VARIANT ANALYSIS IN THE PRENATAL SETTING

Tara Rigney 1, Samantha Doyle 2
1. Clinical Genetics & Perinatal Genomics Department, National Maternity Hospital, Dublin
2. Department of Reproductive Medicine and Clinical Genetics, NMH, UCD

Abstract

Background: Individuals diagnosed with a genetic variation of unknown significance (VOUS) warrant precise clinical evaluation by a geneticist. A VOUS is an alteration in the gene which cannot be definitively classified as pathogenic or benign. Clinical decisions cannot be based on a VOUS. Therefore, reporting of VOUSs and their interpretation within the relevant clinical context is paramount to potential reclassification and correct diagnosis. This is critical for appropriate management of our patients.

Objective: To evaluate our cases where a variant identified was reclassified following review by clinical geneticist.

Study design and methods: This was a retrospective case series analysis over a 12-month period

Results: There were ¬4 cases identified that fit our criteria.

- HBG2 variant causing methaemoglobinaemia: VUS upgraded to likely pathogenic
- OFD1 X-Linked variant causing orofaciodigital syndrome: VUS upgraded to likely pathogenic
- FKTN variant causing muscular dystrophy dystroglycanopathy: second pathogenic variant identified to reclassify as autosomal recessive causative
- EPG5 variant causing vici syndrome: 2 variants detected on trio exome sequencing prenatally, one was maternally inherited, but the other was apparently de novo.

Deciding if the variants were in cis or in trans was not possible in pregnancy. The phenotype evolved over time postnatally and the diagnosis was assigned.

Conclusions: Interpreting genetic reports is a complex process. It requires critical analysis of the broader clinical and genetic picture. It involves multidisciplinary collaboration between laboratory scientists and clinical geneticists. Detailed discussions regarding the phenotype, inheritance pattern, molecular diagnosis and existing literature lead to VOUSs being upgraded to pathogenic, and conversely pathogenic variants can be downgraded. Without these robust MDTs in place misinterpretation of genetic variants is inevitable, with potential significant consequences for our patients.

A QUALITATIVE STUDY: FACTORS INFLUENCING TRAINEES IN THEIR APPROACH TO DISCUSSING WEIGHT WITH PATIENTS ATTENDING FERTILITY CLINIC

Chloe Macauley
Coombe Women and Infants University Hospital

Abstract

Introduction: The use of assisted reproduction is increasing in Ireland. One in six couples in Ireland have fertility issues.(HSE guidelines,2019) Obesity has an impact on fertility and, with an increase in obesity worldwide, this is having a direct impact on fertility clinics where increasing numbers of patients tend to be overweight or obese. We do not investigate fertility at CWIUH unless a woman has a BMI of less than 33.

Objective: Doctors training in Obstetrics and Gynaecology need to be able to discuss weight management with patients and support them through strategies to lose weight. This study explores factors that influence trainees attitudes to discussing weight management.

Methods: This was a qualitative study with 2 components. The first component was a 45minute focus group with trainee doctors. The second component was a 45minute semi-structured interview with individuals in the multidisciplinary team. The discussion in both groups centred on four key areas. These were recorded, transcribed and inductive coding was used to explore themes that emerged from these discussions.

Results: There were 11 identified themes: positive language, negative language, motivational speech, honest approach, practical steps, factual information, previous training, paucity of training, non-derogatory and derogatory language in relation to weight and named supports. There was a notable difference in the approach to these themes depending on the type of health professional and even amongst trainees.

Conclusion: Trainee doctors tend to use more negative language, less positive language, and less motivational language when discussing weight management with patients. They are more likely to use derogatory terms than their colleagues. They are more fearful of complaints. They feel underprepared in terms of providing support and offering weight loss strategies to patients. They feel they have inadequate time to have purposeful consultations, they have insufficient training and are not offered enough education about weight management. They are motivated to learn.

EMBRYOLOGICAL AND CLINICAL OUTCOMES OF IVF/ICSI CYCLES CONTAINING OOCYTES WITH SMOOTH ENDOPLASMIC RETICULUM AGGREGATES – A SINGLE CENTRE EXPERIENCE

Sarah O'Riordan [1], Rachel Elebert [2], Louise Glover [3], Rebecca Bravo Martin [2], Mary Wingfield [2]

1. The National Maternity Hospital, Holles street, Dublin 2
2. The Merrion Fertility Clinic, 60 Lower Mount Street, Dublin 2
3. Merrion fertility Clinic/UCD/TCD

Abstract

Background: Smooth endoplasmic reticulum (SERs) are evident in 10% of IVF/ICSI cycles. The presence of these organelles in relation to assisted reproductive technology (ART) outcomes has been a subject of debate. It had been reported that SER+ oocytes as well as other oocytes derived from that same ART cycle may negatively impact embryological and clinical results. In 2011, the Istanbul consensus recommended not to inject/inseminate SER+ oocytes due a reported possible increase in adverse fetal outcomes. More recent studies, however, indicate that the presence of SERs does not affect the ability of oocytes to undergo embryonic development and is not associated with adverse pregnancy outcome.

Objective: To compare embryological and clinical outcomes in SER+ IVF/ICSI cycles to the background population in our unit.

Method: A retrospective review of all ART cycles between January 2019 and December 2020 at The Merrion Fertility Clinic, Dublin. SER+ oocytes were identified, and their cycles were analysed with respect to egg maturity, fertilisation rates, and pregnancy outcomes.

Results: Nine hundred and fifty two ART cycles were commenced during the study period. Of these, 72 cycles had at least one SER+ oocyte identified, with a total of 130 SER+ oocytes. There were 104 embryo transfers from SER+ cycles, of which 53% had a positive pregnancy test, compared with 49.6% positive pregnancy test rate for all ART cycles. The clinical pregnancy rate and live birth rate for SER+ cycles were 46% and 29% respectively, compared to 41% and 32.7% in the overall population. In terms of embryology, the SER+ cycles had a fertilisation rate of 59.9% and high-quality blastocyst rate of 25.9%. Specific to SER+ oocytes, 15 progressed to an embryo that was transferred or frozen. There were 8 positive tests from these embryos and 6 live births so far, with one pregnancy outcome expected in 2023.

Conclusion: These findings suggest that SER+ cycles have similar cycle success outcomes to those of the general population, though higher numbers are needed to fully examine this.

EVALUATING A DIGITAL INTERVENTION FOR OVERACTIVE BLADDER: THE RISOLVE OAB PILOT STUDY

Fadi Salameh
The Rotunda Hospital, Dublin

Abstract

Introduction: This study aimed to investigate the efficacy of a digital intervention for overactive bladder (OAB), the NUIG OAB app.

Methods: The ICIQ-OAB and ICIQ-OAB-QoL validated questionnaires were used to develop the app. It delivered an 8-week cognitive behavioural therapy and physiotherapy-based intervention. Participants completed surveys at baseline, 4-weeks and 8-weeks, and an in-app Bladder Diary at weeks 1 and 8 to track their improvements. Participants were selected by the consultant at each study site, based on the inclusion and exclusion criteria, from clinic waiting lists. Patients completed online 'consent to be contacted' forms if they were interested in participating.

Results: The intervention reduced patients' symptoms at 4 weeks and 8 weeks. ICIQ-OAB scores decreased between baseline (M=7.13, SD=2.53) and week 4 (M= 5.19, SD=2.46; t(15)=3.78, p=.002, d=.78), and baseline and week 8 (M=5.00, SD=2.52; t(16)=5.28, p<.001, d=.83). There was a difference in ICIQ-OAB-QoL scores between baseline (M=84.45, SD=20.50) and week 4 (M=69.06, SD=22.14; t(15)=3.12, p=.007, d=.72) and baseline and week 8 (M=62.41, SD=31.28; t(16)=3.52, p=.003, d=.78). "Frequency of Urination" between baseline and week 8 differed (t(6) =3.28, p=.017, d=.1.07); the average dropped from 10.19 visits per day at week 1 (SD 3.41) to 6.71 visits at week 8 (SD=1.25). Participants experienced a reduction in episodes of incontinence with the average dropping from 10 (SD=15.17) at baseline to 3.57 at week 8 (SD = 4.58).

Conclusion: In conclusion, the use of the NUIG OAB app showed favourable results in patients' symptoms and overall quality of life.

FINDING THYROID CANCER IN AN OVARY

Ciara Nolan [1], Kevin Hickey [2]

1. Waterford University Hospital, Department of Obstetrics & Gynaecology
2. Department of Gynaecology, University Hospital Limerick

Abstract

Mature teratomas (dermoid cysts) are the most common form of ovarian germ cell tumour in women. They contain all three germ cell layers, so have the capacity to form any cell in the body. Most are benign, with only 1-2% showing malignant transformation in one of its elements. Due to their variable composition and possible complications such as rupture or torsion, they can present with a variety of clinical and imaging manifestations.

We present the case of a 50 year old woman with abdominal bloating and a raised CA-125 of 54. A pelvic ultrasound showed bilateral complex ovarian cysts measuring 5cm and 8cm, giving an impression of dermoid cysts. She had a laparoscopic bilateral salpingo-oophrectomy. Histology revealed that the left cyst was an endometriotic cyst, whereas the right-sided dermoid cyst contained thyroid tissue and a focus of thyroid papillary carcinoma. TSH, free T4 and thyroglobulin were within normal range. The woman had no thyroid issues before. A CT of the thorax, abdomen and pelvis was done for cancer staging. This showed multiple thyroid nodules, but no metastasis. A focused thyroid US confirmed the presence of multiple nodules, ranging from 8 – 29mm size, and fine needle aspirates were taken from two of the nodules. We await the cytology for this.

Mature teratomas that contain predominantly thyroid tissue (>50%) are reclassified as Struma Ovarii. They are rare, accounting for just 0.3–0.65% of ovarian cysts, and 2% dermoid cysts. Malignant transformation is very rare, with an annual incidence of less than 1 in 10 million woman years. Papillary thyroid carcinoma is the most common malignant form. Radiology findings can be non-specific, with struma ovarii appearing as a complex ovarian mass, presenting a difficult diagnosis for the gynaecologist to predict. They are usually removed by elective surgery, under the assumption that it is a benign teratoma. If malignant transformation is found on histology, a full staging procedure should be done. Associated thyroid gland disease is managed with thyroidectomy and radioactive iodine therapy.

OUTCOMES OF A CHARITY FUNDED FERTILITY PRESERVATION SERVICE FOR FEMALE SURVIVORS OF CHILDHOOD CANCER

Rachel Elebert [1], Maebh Horan [1], Louise Glover [2], Lucia Hartigan [1], Mary Wingfield [1]

1. Merrion Fertility Clinic Dublin 2
2. Merrion Fertility Clinic/UCD/TCD

Abstract

Background: Childhood cancer treatments and survival rates have improved dramatically over the last 25 years, with the majority of young cancer patients expected to live for decades (1). This makes long term quality of life issues, such as fertility, increasingly important. Fertility preservation (FP) in the form of oocyte vitrification offers hope to female patients at risk of infertility because of cancer treatment. Our clinic, with the aid of a charitable research grant from the Irish Cancer Society , has provided this service free of charge since 2018 to patients aged 18-24. This is a vitally important service in much need of public funding and attention .

Methods: Prospective audit of female survivors of childhood cancer who attended for fertility assessment was carried out. . Patient demographics (age, diagnoses, treatment type) and clinical data (AMH levels, antral follicle count) at first and follow-up annual assessments were recorded and analysed. For patients who had a successful OV cycle, the number of oocytes retrieved and vitrified was recorded .

Results: Twenty-seven young women (16-26 years) availed of this service from 2018-2022. Ten women (37%) were noted to have a low ovarian reserve (one AMH < 15 pmol/L or a significant fall in AMH at their annual follow up appointment.) These patients were offered OV. Eight expressed interest in preserving their fertility through oocyte vitrification (OV) and 2 declined. Six patients (60%) attempted OV, four of whom now have oocytes in storage (mean 6.5 eggs, range 1-9); two patient cycles were cancelled due to under-response and two patients are currently awaiting treatment.

Conclusions: This is a highly desired facility for this cohort of young women. A clear referral pathway and funding is vital to grow this much needed service.

ARE WE MEETING THE STANDARDS FOR VBAC ?

Mohammedelfateh Adam [1], Azy Khalid [2], Karim Botros [3], Nusrat Janjua [3]

1. SHO - Obs & Gynae - University Hospital Waterford
2. Obs & Gyne Department, University Hospital Waterford, Waterford, Ireland
3. Registrar - Obs & Gynae - University Hospital Waterford

Abstract

Introduction: In Ireland, C-section deliveries currently account for almost one in three deliveries of women (CS). Increasing primary CS rates have resulted in a higher proportion of the obstetric population having a history of prior CS. Those who qualify can choose between vaginal birth after Caesarean section (VBAC) or elective repeat Caesarean section (ERCS).VBAC is usually reported to have a success rate of 72-75%. The VBAC numbers are for a subset of eligible women who choose VBAC over the overall population of women with previous CS. VBAC has been proposed as a way to limit the occurrence of recurrent CS. ERCS and VBAC have benefits and drawbacks that should be explored for the woman to make an educated decision.

Aim: To enhance the care given to pregnant mothers who have had a prior cesarean section.

Method/Auditable standards: The audit was carried out at UHW. The standard utilized in the assessment was RCOG recommendation No.45, October 2015. The audit was undertaken following a brief piloting period that revealed the need for adjustments to satisfy the criteria. The data were gathered retrospectively from the clinical notes of pregnant women who had prior cesarean surgery, attended prenatal care clinics, and gave birth at UHW between January and June 2022. The data were entered into an excel file and analyzed using Excel. Results were obtained to give the relevant recommendations.

Results: A VBAC trial was undertaken in 27.8% (27) of the women, with 67% (18) resulting in a successful vaginal birth, which was close to the RCOG value of 72-75%. However, the majority of women (72.2%) chose an ERCS.Out of the 27 women, 93% had a documented delivery plan, which is lower than the RCOG standard of 100%. Almost two-thirds (64%) of births were induced, and the vast majority (89%) of newborns did not require NICU hospitalization.

Conclusion: This audit found good compliance with the standard. Recommendations were suggested to improve our practice to meet the standard. All results will be outlined in the poster and aimed for re-auditing in 6 months.

CERVICAL CERCLAGE – ARE WE DOING IT RIGHT:: REAUDIT IN UHW

Sarwat Habib [1], Mohammedelfateh Adam [1], Karim Botros [2], John Bermingham

1. SHO - Obs & Gynae - University Hospital Waterford
2. Registrar - Obs & Gynae - University Hospital Waterford
3. Consultant - Obs & Gynae - University Hospital Waterford

Abstract

Prematurity remains the leading cause of perinatal mortality and morbidity. Cervical cerclage is a standard intervention for those women who are at risk of preterm delivery and second trimester miscarriages. RCOG Green-Top guideline no. 75 discusses the key recommendations for the application of cervical cerclage.

The aim of this audit was to assess the definitive indications and the successful outcome of cervical cerclage insertion. The results were also compared with previous audit.

A retrospective audit was conducted on all patients with risk of preterm deliveries from January 2020 till December 2021 in our center. Data off 11 subjects was collected using chart records. Auditable standards assessing the indications for cerclage were developed using the Green-top guideline on cerclage and the NICE guideline for pre-term labour and birth. The outcome of cervical cerclage was assessed by comparing hospital practice with RCOG guideline. This data was then compared to an audit conducted in 2018.

Audit results and conclusion will be presented with the poster presentation.

A RETROSPECTIVE COHORT STUDY: PREDICTIVE VALUE OF "PARTOSURE" IN CLINICAL PRACTICE

Alice O'Neill [1], Asma Fagear Mohamed [2], Elizabeth Ann Dunn [2]

1. Wexford General Hospital
2. Obstetrics and Gynaecology, Wexford General Hospital, Wexford

Abstract

Background: "Partosure" is a commonly used, bedside test, detecting placental alpha macroglobulin-1 (PAMG-1) in cervicovaginal secretions. The manufacturer quotes a 21.1-31.0% positive predictive value and a 98.1-99.6% negative predictive value from results in large European and US studies.

Objectives: To investigate the positive predictive value and negative predictive value of the Partosure test in our unit.

Study design and Methods: A single centre, retrospective cohort study was performed. Data was obtained from written records and electronic medical records. Data was analysed using Excel.

Main results: Data from 144 patients who underwent Partosure testing in our centre from November 2019 to February 2022 were included in this analysis. Of these, 4.9% (7/144) were Partosure positive and 3.5% (5/144) had a spontaneous preterm delivery 7 days or less from Partosure testing. The sensitivity and specificity for Partosure testing was found to be 0% and 95% respectively. The positive predictive value was 0%. The negative predictive value was 96.4%. The LR+ value was 0 and the LR- value was 1.1.

Conclusions: Preterm birth is a major complication of pregnancy, accounting for 80% of neonatal mortality worldwide. The gestational age suitable for delivery is 34 weeks in our centre due to access to neonatal teams. Therefore, in peripheral centres, the use of accurate diagnostic tools to identify preterm labour is essential to ensure appropriate transfer to a tertiary centre. The negative predictive value of using Partosure in our centre (96.4%) is slightly lower than what is quoted by the manufacturer (98.1-99.6%). Importantly, the positive predictive value of 0% underlines that a positive Partosure does not always indicate preterm delivery and emphasises the importance of clinical evaluation. Of the 7 preterm deliveries within 7 days of Partosure testing, none of these women had a positive Partosure at time of testing. Further evaluation of the use of Partosure in our centre is necessary to assess cost effectiveness and any barriers to effective use.

AN EXPLORATION OF THE EXPERIENCE OF SURGICAL SKILLS EDUCATION AMONG JUNIOR DOCTORS IN OBSTETRICS AND GYNAECOLOGY

Ream Langhe [1], Laura Jabbour [2], Hazel O' Shea [2], Claire Mac Bride [3], Nikhil Dewan [2], Trevor Henderson [2], Rosemary Geoghegan [4]

1. Wexford General Hospital
2. Royal College of Surgeons, Ireland
3. Department of Obstetrics and Gynaecology, Midlands Regional Hospital Mullingar
4. National University of Ireland, Galway

Abstract

Background: Anecdotally in Ireland, there appears to be a deficit of basic surgical skills training for new entrants into obstetrics and gynaecology (OBGYN) clinical practice. This lack of training may result in a steeper learning curve for junior doctors, increase the workload of senior doctors and ultimately impact the quality and safety of patient care. This study aims to assess the confidence and preparedness of obstetrics and gynaecology junior doctors' surgical skills when they enter clinical practice.

Methods: This study was designed as interpretive qualitative research. All candidates were recruited through circulated emails from the Junior Obstetrics and Gynaecology Society (JOGS). The respondents were interviewed by Zoom and the interviews were transcribed. Data was analysed by open coding using NVivo 20 dmg, and various themes and subthemes emerged.

Results: A total of 10 participants were interviewed with average duration of 22 minutes. The majority of participants reported that they felt underprepared to start their clinical practice. The candidates stated that their unpreparedness adversely impacted their confidence in the ability to do their work. They felt that their lack of training inadvertently created a work burden upon their senior colleagues and ultimately provided worse care for their patients. Candidates stated that superiors' willingness to teach was a major determining factor for their training. All candidates thought that specific surgical skills training should be delivered in every hospital and that it should happen before or at the start of their first OBGYN clinical post. Most candidates felt that they should be assessed for their surgical skills further and more regularly.

Conclusion: The results of the study could be beneficial in planning for future training requirements. This will help educators to design better preparatory programmes for obstetrics and gynaecology trainees embarking on first specialty post.

AUDIT OF FOLIC ACID DOSAGE AND DURATION IN PREGNANT WOMEN WITH EPILEPSY USING ANTIEPILEPTIC DRUGS

Mize Omar, Hagar Mohamed, Majda Ali Almshwt
Obstetrics and Gynaecolgy. Midlands Regional Hospital, Mullingar

Abstract

Background: Epilepsy is defined as having recurrent (two or more) unprovoked seizures. Prevalence in pregnancy is 0.5–1% & 1/3 of women with epilepsy (WWE) are in the reproductive age group. The risk of congenital deficits is increased in pregnant WWE (PWWE) taking antiepileptic drugs (AEDs). This can raise maternal concerns on effects of AEDs on babies & may lead to poor adherence to AEDs & increase women's risk of seizures and sudden unexpected death in epilepsy. The incidence of congenital deficits in WWE taking AEDs can be minimized by taking 5 mg/day of folic acid prior to conception until at least the end of the 1st trimester. The National Clinical Programme for Epilepsy in Ireland recommends using folic acid 5 mg throughout the pregnancy in PWWE.

Objective: The aim of the audit was to determine the level of compliance with Royal College of Obstetricians and Gynaecologists (RCOG) & National Clinical Programme for Epilepsy in Midlands Regional Hospital Mullingar (MRHM) in use of folic acid pre-conception and during pregnancy in PWWE taking AEDs.

Study Design and Methods: A retrospective chart analysis was conducted for PWWE that presented at MRHM between 2012 and 2022. Three questions were answered for analysed charts; (1) Was folic acid used pre-conception? Was there adequate prescription (5 mg/day) of folic acid during (2) 1st trimester, and (3) 2nd/3rd trimester in PWWE using AEDs? A total of 42 charts were found and analysed, of PWWE using AEDs who had presented to MRHM in 10 years.

Results: There was an overall compliance of 76.2%. Pre-conception folic acid was used in 71.4% of patients. Adequate prescription of folic acid during the 1st, 2nd and 3rd trimester in PWWE using AEDs was done in 78.6% of the patients.

Conclusions: There was good compliance of use of folic acid pre-conception and during all trimesters of pregnancy. Counselling should be done regarding the risks and benefits of using and discontinuing AEDs as PWWE tend to overestimate the risks of teratogenicity associated with intake of AEDs in pregnancy which can have effect on adherence

A CLINICAL AUDIT TO REVIEW THE EFFICIENCY OF THE NURSE-SPECIALIST LED PESSARY CLINIC

Rachel Cronin [1], Breffini Catherine Anglim [2], Eva Fitzsimons [2]

1. University of Limerick Graduate entry Medicine
2. Coombe Women & Infants University Hospital

Abstract

Background: In 2019, the clinical nurse specialists (CNS) in the urodynamic clinic piloted a nurse-led pessary clinic. A year later this clinic was established and now provides an efficient and enhanced service for women with pelvic organ prolapse (POP) and urinary incontinence (UI).

Objective:

- To evaluate how many patients attended per month.
- To establish how many patients were new or review patients.
- To determine the types of pessaries used.

Study Design and Methods: The appointment portal was used to retrospectively compute the number of patients who had attended the clinic. A breakdown of the number of appointments for each month was calculated. The cohort's medical records were reviewed to identify the type of pessary used by each patient and to ascertain whether the patient was new to the clinic or attending for a review. The audit cycle will be completed next year during the same 3 months period, with the outlook of evaluating the efficiency rate of the service using quantitative comparisons of appointment attendance and prospective results of patient satisfaction using a patient survey.

Results: Over the 3 months period, there was 76 appointments in the clinic. In the first month 29 patients attended, in the second 21 and in the third 26. The majority of patients used ring type pessaries, however 3 patients used a shelf, 1 patient used a cube, 3 patients used a gelhorn and 1 patient used an incontinence dish.

Conclusion: Our study provides an overview of the current activity of the clinic and shows an increasing number of new patients each month with a growth of 25- 50% per month between April to June. Such demand highlights the importance of this nurse-specialist led service.

ASSESSMENT OF THE COMPLIANCE WITH THE MATERNAL MEDICINE REFERRAL FORM IN THE ROTUNDA HOSPITAL

Ching Yuan Ng, Claire McCarthy
Obstetrics and Gynaecology, Rotunda Hospital, Dublin

Abstract

Background: In December 2020, a new maternal medicine referral form was introduced in the Rotunda Hospital. This referral form is an important communication tool to highlight clinical risk of a patient, arrange onward referral but also encourage risk assessment and evaluation prior to physical review by the maternal medicine team.

Objective: The aim of this study is to review if the new referral forms were filled appropriately to advise if further changes need to be made to the form, and optimise compliance with the current form.

Study Design and Methods: We conducted a retrospective review of a sample of patients (n=324) who attended the Maternal Medicine clinic in 2021. We systematically sampled (every fifth patient) on the referral list, obtained from the maternal medicine database. The referral form and electronic health record of 65 patients were retrospectively reviewed, with completion of the form as standard being audited against. Institutional ethical approval was received.

Findings/Results: Among the 65 patients selected, there were only 22 (33.8%) forms available for review on the electronic healthcare record. The compliance with the form overall was good (overall 74.6%), with the majority (10/14) of parameters achieving over 80% completion. These are demonstrated in Figure 1; no form was fully complete. Some parameters such as printed referrer name, medical council number and parity were completed less frequently.

Conclusions: Overall, compliance with the maternal medicine referral form was good, however, there are some areas where improvement could be achieved. Further education and interrogation of the referral pathways are underway to elucidate improvement.

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

Aoibhinn Smyth [1], Stephanie Greenan [1], Mary Frances Higgins [2]

1. School of Medicine, University College Dublin,
2. Associate Professor, University College Dublin. The National Maternity Hospital, Holles Street

Abstract

Background: Pre-existing diabetes in pregnancy carries a high risk of complications for both mother and baby. The incidence of adverse obstetric and neonatal outcomes has been found to increase for women with Type 1 (T1DM) and Type 2 diabetes (T2DM) during pregnancy.

Objective: This study aims to review the maternal and neonatal outcomes of women with T1DM and T2DM in 2021/22 and compare these results to 2020.

Study Design & Methods: Two reviewers extracted data from electronic patient charts and compiled information pertaining to pregnancy and neonatal outcomes into an excel spreadsheet. Obstetric outcomes including mode of delivery and gestational age were recorded. Neonatal outcomes including neonatal intensive-care (NICU) admissions and hypoglycaemia were reported.

Results: Of the 103 women with T1DM in 2021/22, 23 women had miscarriages (22.3%) compared to 32.5% (15/43, p>0.5) in 2020. Of the eighty pregnancies ongoing, 11 women required emergency caesarean births (13%), in keeping with the 2020 results of 14% (p>0.05). Of the 47 women with T2DM in 2021/22, three women had miscarriages (6.4%) compared to 5.3% (1/19, p>0.05) in 2020 and four women required emergency caesarean births (4/44; 10%), not dissimilar to 10.5% in 2020 (p>0.05).

As for neonatal outcomes, 24 of the 80 babies born to T1DM mothers required NICU admission (30%) compared to 45.2% in 2020 (p>0.05) and 14 babies experienced neonatal hypoglycaemia (17.5%) versus 35.5% in 2020 (p=0.04*). Six of the 45 neonates born to T2DM mothers were admitted to NICU (13.3%) compared to 36.4% in 2020 (p>0.05), and 2 (4.4%) had neonatal hypoglycaemia in contrast to 0% in 2020.

Conclusions: T1DM mothers experienced poorer obstetric and neonatal outcomes, however, we have seen a clinically significant overall reduction in NICU admissions compared to the 2020 data and a statistically and clinically significant reduction in neonatal hypoglycaemia.

SEVERE MATERNAL MORBIDITY: THE IMPORTANCE OF AUDIT

Stephanie Greenan [1], Aoibhinn Smyth [1], Mary Frances Higgins [2]

1. The National Maternity Hospital Holles Street, Dublin
2. Associate Professor, University College Dublin. The National Maternity Hospital, Holles Street

Abstract

Background: Severe maternal morbidity (SMM) is a composite outcome measure encompassing a multitude of potentially life-threatening complications that occur during the labour, birth and puerperium. It is used by maternity hospitals nationwide as a benchmark in order to ensure the provision of high quality maternal care.

OBJECTIVE: The aim of this audit is to collate SMM data from the National Maternity Hospital (NMH) from January to August 2022.

Study Design & Methods: Patients were selected from the electronic patient chart using specific inclusion criteria outlined by National Perinatal Epidemiology Centre (NPEC). Two reviewers screened women for eligibility, with 26 qualifying for at least one of the 16 subcategories of SMM. Data was triangulated against high dependency unit databases, pathology, maternal medicine and other hospital databases. Charts were reviewed and inputted into a comprehensive survey delineating the course of the woman's perinatal care.

Results: Our results demonstrated that MOH was the leading cause of SMM (42%, n=11) in the NMH in 2022. The second most common group was requirement for ICU/CCU care (15%, n=4) with one woman requiring care after a diabetic ketoacidosis/abruption, one intubated following a seizure with hyponatremia, one with sepsis due to Varicella pneumonia and the final an admission to CCU for observation after caesarean due to her pre-existing cardiac condition. Next most common was "Other" (11%, n=3) with two women having anaphylactic reactions, and one Addisonian crisis. Other causes of SMM included renal/liver dysfunction (n=2), peripartum hysterectomy (n=2) and spontaneous uterine rupture (4%, n=1).

Conclusions: Major obstetric haemorrhage continues to be the leading cause of SMM in the NMH, as is reflected in the 2022 data. Rare SMM such as anaphylaxis and DKA have resulted in an educational programme for staff reviewing care in these scenarios. This highlights the continuing importance of audit and education in maternity care.

OBSTETRIC ANAL SPHINCTER INJURY: ARE WE GETTING ANY BETTER?

Bobby O'Leary[1], Linda Kelly [2], Myra Fitzpatrick [2]
1. The National Maternity Hospital
2. Perineal Clinic, National Maternity Hospital, Dublin.

Abstract

Background: Obstetric anal sphincter injury (OASI) occurs in 1-3% of vaginal deliveries and several training courses have been devised to improve prevention and management of these injuries.

Objective: As formal training in management of OASI is now mandatory in higher specialist training, we hypothesised that contemporary repair outcomes would be superior to those a decade earlier.

Study Design and Methods: This was a retrospective study of women referred to a tertiary perineal clinic following their first OASI during two epochs: 2006-2009 and 2016-2019. Demographics, symptom scores, and ultrasound images were compared.

Findings/ Results: In total, 392 women were referred in 2006–09 and 611 during 2016–19. Women in 2016–19 had less sonographic defects in their external (43.9% vs 19.0%, p < .001) and internal anal sphincters (25.8% vs 16.2%, p = .002) than those ten years earlier.

Continence scores were statistically different (p = .002) between time periods, though the median score was zero in both groups and the proportion of women with severe symptoms (score >9) was similar (2.6% vs 3.8%, p = .384).

Seventy-two percent (720/1003) were primiparous and this proportion was similar between time periods (p = .555). Birthweights were significantly lower in 2016-19 (3803g vs 3720g, p = .010), as was the percentage of babies >4kg (32.9% vs 24.1%, p = .003). The proportion of each mode of delivery was unchanged (p = .926), with forceps and sequential deliveries representing 25% of both cohorts. Episiotomy use fell from 47.2% to 40.1% (p = .032). Demographics and ultrasound findings are summarised in Table 1.

Conclusions: Sonographic sphincter defects following OASI have decreased over the last ten years, possibly representing improved repair. Conversely, we are potentially diagnosing and repairing more minor injuries than before. Nonetheless, continence scores and the prevalence of severe symptoms remain static, highlighting the multifactorial nature of anorectal dysfunction. Concerningly, the rate of episiotomy has decreased despite the continued use of forceps.

REDUCING WAITING TIMES TO ZERO: COMMENCING A NEW POSTPARTUM INTRAUTERINE CONTRACEPTION SERVICE USING QUALITY IMPROVEMENT METHODOLOGY

Lyndsay Creswell [1], Ciara Daly [2], Caroline Bryson [2], Laura McLaughlin

1. Obstetrics and Gynaecology, The Coombe Women and Infants University Hospital, Dublin
2. Consultant Obstetrician and Gynaecologist, Ulster Hospital

Abstract

Background: Short interpregnancy intervals are associated with increased risks of preterm birth and intrauterine growth restriction. The Faculty of Sexual and Reproductive Health (FSRH) recommends that maternity services offer all women long acting reversible contraception (LARC) after birth.

Objectives: We utilised the Institute for Healthcare Improvement Model for Quality Improvement (QI) to begin offering coil insertion at Elective Caesarean Sections (ELCS). During this time family planning services were suspended or recovering from the Covid-19 Pandemic. Our aim was a 10% insertion rate by August 2022.

Patients and Methods: The project is a cross-trust initiative with Belfast HSCT, funded by RQIA. Local stakeholder engagement commenced February 2021 with meetings with senior management, staff and patients to determine Drivers for change and QI Measures.

Plan-Do-Study-Act (PDSA) cycles were performed and included: a guideline and care pathway, information leaflets and posters, staff teaching sessions, an online e-learning package on postpartum contraception and flyers to update staff on progress.

Primary Outcome Measure: Monthly % of women choosing coil insertion at ELCS.
Patients were scheduled for 4-week review at the 'Coil Clinic' to assess symptoms, complications and satisfaction.

Results: Between August 2021-March 2022 there have been 65 coil insertions, achieving a persistent >10% insertion rate from Dec 2021, with a 30% insertion rate in March 2022.
At follow-up, 13% have experienced coil expulsion, 39% required threads trimmed and 25% had no threads seen on speculum (but correct device placement on ultrasound).
96% of patients were 'very satisfied' or 'satisfied' with the service, commenting 'Best contraceptive idea yet!' and 'Pain free, convenient'.

Conclusion: We are providing women with safe access to LARC with zero waiting time and high satisfaction. We aim to expand services to include women with vaginal births and audit long-term outcomes.

'DOES EVERY PATIENT WITH POST-MENOPAUSAL BLEEDING AND ENDOMETRIAL THICKNESS< 4MM NEED HYSTEROSCOPY?' A RETROSPECTIVE STUDY.

Reza Zakaria
Obs and Gyne, Singleton Hospital, Swansea

Abstract

Aim: To assess the safety and efficacy of the standard operating procedure for patients with postmenopausal bleeding who present with a low-risk history and normal radiological and clinical features at Swansea Bay UHB.

Methods Used: The clinical data were retrospectively analysed in Welsh Clinical Portal of 1007 patients who were referred for hysteroscopy as urgent suspected cancer over a period of 6 months (Nov 2020 to April 2021). Inclusion criteria were patients who did not undergo outpatient hysteroscopy as part of their evaluation. According to the standard operating procedure, patients with a low-risk history and an USS report confirming ET< 4 mm, normal contour endometrium that was completely visualised and with normal clinical findings do not need an endometrial sample performed.

Results and Discussion: A total of 1007 patients were referred for hysteroscopy over 6 months. Among them 290 patents were included in the study who had Endometrial Thickness less than 4 mm in US Scan. Among 290 patients, total 115 patients underwent hysteroscopy for evaluation of PMB as they had associated risk factors or irregularity in US scan. 1.74% patients were on tamoxifen,37.39% had BMI>35,45.21% was diabetic,6% had PCOS,6% was nulliparous/ late menopause, 2.6% had previous endometrial hyperplasia and 11.3% had scan abnormality. Among 290 patients, 175 patients did not have hysteroscopy and were managed conservatively. Among them 1 patient was later on diagnosed with endometrial cancer. But this patient should have hysteroscopy as she had associated risk factor (Nulliparity).

Conclusion: Women with ET < 4mm; a low-risk history and an USS report confirming no abnormalities and a regular contour endometrium that is completely visualised do not need OPH or endometrial sampling and can be examined & discharged as clinically appropriate. This will be the subject of continuous audit.

A POTENTIAL LONG-TERM COMPLICATION ASSOCIATED WITH THE USE OF INTRAOPERATIVE HEMOSTATIC AGENTS- CASE REPORT.

Bunmi Adeniji [1], Ravi Garrib [1], Erich Langner [2]

1. Department of Obstetrics and Gynaecology, Sligo University Hospital
2. Pathology Department, Sligo University Hospital

Abstract

Surgical standard techniques such as suturing, electrocautery and vessel ligation are used to control intraoperative bleeding. Topical hemostatic agents are used as an adjunct to manage bleeding and are useful for diffuse nonanatomic bleed, bleed associated with sensitive structures and bleeding in patients with hemostatic abnormalities. Examples are Surgicel, Floseal, Tachosil, Hemocer, Gelfoam among others. They tend to be relatively safe. Common side effects are allergic reaction, infection and foreign body reaction but these are generally minor and well tolerated. However, could there be long-term effects?

We present 3 cases where Surgicel was used during CS after which they presented 1-2 years later with vague symptoms.

Case 1 is a new onset chronic pelvic pain with intermittent urinary symptoms and fever of unknown origin for months at a time. A pelvic US showed a 4.2cm mass between the bladder and anterior uterine neck. At MDM, it was concluded this was likely related to the previous surgical pack given the history of use.

Case 2 presented to the clinic with a history of chronic pelvic pain not responding to analgesia or oral contraceptive.

Diagnostic laparoscopy in both cases showed a mass in the uterovesical fold which ruptured to a caseous material on incision. No other abnormalities noted.

The last case was an incidental finding of a mass in the uterovesical fold anterior to previous scar during a repeat CS. No symptoms prior to conception.

The histology was similar in all cases, chronic inflammatory cell infiltrate with accumulation of macrophages. Polarizable foreign material present which could be related to the suggested surgical packing. No malignant changes.

Foreign body reaction is an unavoidable response to materials implanted into the body; symptoms of which cannot be predicted.

We recommend meticulous surgical techniques to achieve hemostasis, using the minimum amount of hemostatic agent possible to achieve haemostasis and removal of excess material from the area of application to reduce future complications.

MANAGEMENT OF TWIN DELIVERIES IN THE COOMBE HOSPITAL – FOCUS ON MODE OF DELIVERY AND MATERNAL AND NEONATAL OUTCOMES IN TWIN GESTATIONS ≥ 32 WEEKS

Aleksandra Sobota, Julie Sloan, Aisling Martin
Coombe Women and Infants University Hospital, Dublin, Ireland

Abstract

Background: NICE guideline advises that both vaginal and caesarean birth are equally safe for the woman and fetuses in the case of an uncomplicated twin pregnancy that progressed beyond 32 weeks gestation, where leading twin is cephalic, both are similar size, and there are no additional obstetric contraindications to labour.

Objectives: To determine: 1. rates of planned and actual vaginal and caesarean section (CS) deliveries among twins ≥ 32/40; 2. rates of maternal and neonatal adverse outcomes and to compare them between vaginal and caesarean births.

Study Design and Methods: This was a retrospective chart review. Demographic and clinical data of all women and fetuses from twin deliveries which occurred between 1 January and 31 December 2020 the Coombe Hospital were extracted into the audit proforma. Data for women who delivered at ≥ 32 weeks gestation following an uncomplicated pregnancy, where twin 1 was cephalic were selected and statistics were calculated using SPSS. We used descriptive statistics and $\chi 2$ tests to compare differences in adverse outcomes.

Results: Out of 160 women who delivered twins in 2020, 69 met the inclusion criteria. 75% had DCDA and 25% had MCDA twins. Median gestation at delivery was 36+3. Rates of planned vaginal and caesarean section births were 72.5% and 27.5% respectively. Of 50 women who aimed for vaginal delivery, 86% achieved vaginal birth and 14% had a CS (2% rate of CS for twin 2). No women who aimed for CS delivery (n=19) had vaginal birth. There were no differences in maternal outcomes (PPH/blood transfusion) between women who had vaginal birth compared to CS. Second twins delivered vaginally were more likely to have low pH (<7.2), without an increased risk of NICU admission.

Conclusion: Our results confirm that in line with the NICE guideline, in selected twin gestations vaginal birth seems to be as safe as caesarean delivery. It is reassuring that the majority of women planning vaginal birth achieved the delivery with a low risk of emergency caesarean section, particularly for twin 2.

FETAL ANOMALY DIAGNOSIS AND TERMINATION OF PREGNANCY IN IRELAND SINCE 2019

Hadas Miremberg [1], Oladayo Oduola [2], John J. Morrison [2], Keelin O'Donoghue [3]

1. Pregnancy Loss Research Group, Department of Obstetrics and Gynaecology, CUMH
2. Department of Obstetrics & Gynaecology, National University of Ireland Galway and Galway University
3. INFANT Research Centre, University College Cork, Cork, Pregnancy Loss Research Group, UCC

Abstract

Background: Introduction of legislation for termination of pregnancy (TOP) in 2019, including for conditions 'likely to lead to death of the fetus', made TOP for fatal fetal anomaly (FFA) an option for women in Ireland.

Objective: We aimed to study all cases of TOP for fetal anomaly, including those that did not meet the legal criteria and accessed TOP abroad.

Study Design: A retrospective service evaluation of fetal medicine clinics in 2 tertiary maternity hospitals from 2019-2021 was undertaken. We compared pregnancies diagnosed with FFA who underwent TOP in Ireland and pregnancies that did not meet the legal criteria where women travelled abroad for TOP.

Results: Overall, 139 pregnancies met inclusion criteria. Eighty-three (59.7%) cases had TOP locally, and 56 (40.3%) travelled for TOP (91%, England). Demographic characteristics were similar between the groups, as was gestation at diagnosis and delivery. All cases where TOP was local were discussed at fetal medicine multidisciplinary meetings, compared to 41% of cases who ultimately travelled for TOP. The most common indication (25/83;30%) for TOP locally was Trisomy 18, followed by anencephaly. Travelling to get abortion care was mainly because of the diagnosis of Trisomy 21 (30/56;53.6%), followed by multiple structural anomalies/syndromes deemed locally as not meeting the legal criteria.

Conclusions: Legalisation of abortion does not guarantee provision of a standardised or ideal abortion service, and service evaluation is essential. Our findings emphasise the impact of barriers to abortion care for fetal anomaly, and the need for legislation and policies that support women's access to TOP.

SERVICE EVALUATION OF THE ROUTINE ANOMALY SCAN PERFORMED AT CORK UNIVERSITY MATERNITY HOSPITAL

Hadas Miremberg [1], Fidelma Harrington [2], Keelin O'Donoghue [3]

1. Pregnancy Loss Research Group, Department of Obstetrics and Gynaecology, CUMH
2. Department of Obstetrics and Gynaecology, CUMH
3. INFANT Research Centre, University College Cork, Cork, Pregnancy Loss Research Group, UCC

Abstract

Background: Routine mid-trimester anomaly scan is considered the standard of care for detecting structural anomalies. The reported detection rate varies, and is dependent on several factors, including the sonographer's experience, the ultrasound equipment and maternal body mass index (BMI).

Objective: We aimed to audit anomaly scans performed at Cork University Maternity Hospital (CUMH) to look at anomaly detection rates and scan performance.

Methods: A retrospective review of electronic ultrasound reports of all women undergoing a routine anomaly scan over 8 weeks in late 2021.

Results: Overall, 1289 anomaly scans were performed. Mean BMI was 26.8±5 and average gestational age (GA) was 21+3 weeks.
One in 5 women (20%; 260/1289) were recalled for a follow up scan; where BMI was>30, 35% women were recalled.
The detection rate of congenital anomalies was 0.5% (11/1289), and 22 cases were referred to the fetal medicine service.
Additionally, anomalies were diagnosed postnatally in 1.9% (30/1289) infants. 18 were diagnosed with cardiac abnormalities (muscular VSDs, ASD, pulmonary stenosis and aortic stenosis), 6 cases were diagnosed with genetic syndromes (e.g-trisomy 21 and DiGeorge syndrome), and 6 infants with minor anomalies (eg cleft palate, polydactyly).

Conclusions: Rate of diagnosis of congenital anomalies in the mid-trimester anomaly scan is relatively low; this may also be due to detection at routine first trimester dating ultrasound. The recall numbers for anomaly scans are too high and BMI is one factor in this rate. We plan to focus on interventions to improve detection of cardiac anomalies and reduce recall rates for scans.

PREGNANCY OUTCOME OF TRISOMY 18 PREGNANCIES FOLLOWING LEGALISATION OF TERMINATION OF PREGNANCY IN IRELAND

Hadas Miremberg [1], Keelin O'Donoghue [2]

1. Pregnancy Loss Research Group, Department of Obstetrics and Gynaecology, CUMH
2. INFANT Research Centre, University College Cork, Cork 2Pregnancy Loss Research Group, UCC

Abstract

Background: Termination of pregnancy (TOP) became legal in Ireland in 2019, inclusive of conditions 'likely to lead to the death of the fetus', making TOP for 'fatal fetal anomaly' (FFA) an option. Trisomy 18 (T18) is the second most common lethal trisomy, with associated major structural anomalies and short lifespan.

Objective: We aimed to study T18 pregnancy outcomes following legalisation of TOP for FFA.

Study Design: A retrospective descriptive cohort study of all cases diagnosed with T18 from 2019-2021. Pregnancies were identified from the Fetal Medicine (FM) service's records.

Results: We identified 40 T18 pregnancies. In 52.5% (21/40), TOP was performed, with median gestational age (GA) at delivery of 18 weeks (IQR;16.5-23). All TOP cases had prenatal genetic confirmation and were discussed at the multidisciplinary FM meeting. Parents choosing to continue pregnancy represented 20% (8/40) of the cohort, with 6 cases delivering at term (2 intrapartum deaths,4 early neonatal deaths). The remaining 10 cases ended in second-trimester miscarriage (range; 13.2-18 weeks); 80% before invasive testing. One infant, postnatally diagnosed, died after preterm delivery at 32 weeks for fetal growth restriction and maternal hypertension. Where TOP was chosen, the majority (14/21;66.7%) were referred to FM before 14 weeks, while those that chose to continue pregnancy were mostly referred with anomalies at second-trimester ultrasound (7/8;87.5%).

Conclusions: Following a T18 diagnosis, parents may choose to continue or terminate the pregnancy, with both care options now available in Ireland. Access to first-trimester prenatal screening and expanded anatomy ultrasound would facilitate improved parental choice and decision-making.

AN AUDIT OF ASSISTED VAGINAL BIRTH (THE RATE, INDICATION, METHOD, COMPLICATION, AND DOCUMENTATION) AT REGIONAL HOSPITAL MULLINGAR, IRELAND

Alaa Bou Kalfouni [1], Hossam Abdelhafez [1], Imad Estanbilly [2]

1. Obstetrics and Gynecology, Wexford General Hospital, Ireland
2. Obstetrics and Gynecology, Regional Hospital Mullingar, Mullingar, Ireland

Abstract

Context: Assisted vaginal birth is used to decrease the time between the second stage of labor and the time of birth.

Objective: The main aim of this study is to determine the rate of assisted vaginal birth at RHM including the indication, rate of third and fourth degree perineal tears, as well as documentation. The standard was the Royal College of Obstetrics and Gynaecology (Green-top Guideline N.26).

Methods: A retrospective clinical audit was carried out between 01/05/2021 and 31/10/2021. A total of 102 charts were available for analysis out of 108.
Included is a data tool for Maternal demographics, indications for assisted birth, instrument information, degree of perineal tear, and documentation.

Results: A total of 1046 deliveries, where 102 out of 108 have been studied during this audit, and these are patients who had assisted vaginal birth making 10.3 % of total deliveries. Primigravidas patients were the majority with 79.4 %, and only 20.6 % being multigravidae. The age varied between 17 and 45 years old, with patients between 31 and 40 years old being 57.8 % of total assisted vaginal birth. The most common indication was nonreassuring cardiotocography (58.8%) followed by the prolonged second stage of labour (40.2%), and only 1% presenting antepartum hemorrhage.

A 56.2 % of vacuum deliveries compared with 43.8% of forceps were noticed. Kiwi and Neville Barnes are the most common instruments used. Only 2% had third degree perineal tears. Only 73.5% of the cases had complete documentation leaving 19.6% incomplete and 6.9% of the assisted vaginal birth form empty.

Recommendations: Included improving documentation, and proper case study before in order to decrease the use of sequential instruments. Proper examination to avoid third and fourth degree perineal tears. The most common indication for assisted birth is nonreassuring cardiotocography where most of the patients are primigravidas.

ERROR IN POST-CAESAREAN VTE RISK CALCULATION IS DISAPPOINTINGLY COMMON DESPITE USE OF ELECTRONIC MEDICAL RECORDS

Aaron Ryan [1], Emma Malone [1], Fergal O'Shaughnessy [1], Claire McCarthy [2], Nicola Maher [1]

1. Rotunda Hospital,
2. Consultant Obs/Gynae, Rotunda Hospital, Dublin

Abstract

Objective: A scoring system designed to standardise thrombo-prophylaxis prescription amongst patients who have undergone caesarean section was introduced to our hospital in 2015 and has subsequently guided the management of over 20,000 patients. We had anecdotal evidence that error may have been occurring during VTE risk scoring due to the common practice of score calculation prior to the end of surgery, leaving important risk factors such as PPH unaccounted for. In a hospital that manages over 10,000 pregnancies per annum this has potential be a significant driver of postoperative VTE.

Study Design: A retrospective cohort study was completed by reviewing all consecutive patients who underwent elective caesarean (ElCS) or emergency caesarean (EmCS) delivery during November 2021. An electronic healthcare medical record was interrogated in all cases for accuracy of VTE risk assessment. The original VTE risk assessment score was then compared with this post-hoc re-analysis of each patient to evaluate for critical differences.

Results: A total of 61 (46 ElCS, 15 EmCS) consecutive caesarean deliveries during the study period, encompassing 2,132 VTE risk scoring data entries, were subjected to re-analysis of their score. The risk assessment score had been originally calculated in 39 (84.7%) ElCS cases prior to full data being available, and in 6 (40%) EmCS cases. 14 (22.9%) had an incorrect VTE risk score completed, and in 6 (9.8%) cases this impacted thrombo-prophylaxis prescription. These errors included issues with mode of delivery (4), PPH (2), gestational age (2), prolonged labor and family history.

Conclusion: Our study reveals that inaccurate calculation of post-caesarean VTE risk scoring is disappointingly common. We confirmed a common habit exists for staff to calculate VTE risk scores before delivery is complete and all risk assessment data is available. Focused efforts need to be put on automated data transfer from EMR, double-entry to minimise transcription error, and finally mandating that all scoring calculations are deferred until after surgery.

EXPLORING HEALTHCARE PROFESSIONALS' EXPERIENCES WHEN COMMUNICATING WITH PREGNANT WOMEN ABOUT STILLBIRTH

Emily Rutherford [1], Tamara Escanuela Sanchez [2], Keelin O'Donoghue [2]

1. Pregnancy Loss Research Group, Cork University Maternity Hospital; Infant Centre, UCC
2. INFANT Research Centre, University College Cork, Cork Pregnancy Loss Research Group, UCC

Abstract

Background: Substance use, lack of attendance at antenatal care, maternal weight and sleeping position are modifiable risk factors for stillbirth.

Objective: The aim of this study was to gain understanding of maternity healthcare professionals' (HCP) views, attitudes and opinions regarding stillbirth risks and stillbirth prevention.

Methods: An online survey (QualtrixXM) was administered to HCPs in a large tertiary maternity hospital, exploring HCP knowledge and attitudes about stillbirth and associated risk factors.

Results: 87% (79/91) of respondents had cared for women after a stillbirth. 65% of respondents correctly identified the national definition for stillbirth. Modifiable risk factors perceived as most important to discuss were attendance at antenatal care (48%), followed by smoking (34%). Maternal weight was the risk factor that HCP found hardest to discuss with women (70% of respondents), and was also perceived as the risk factor that pregnant women are most reluctant to discuss, according to 59% of respondents. 61.9 % of respondents considered it necessary to mention the risks of stillbirth to influence women's behaviours during pregnancy. Time constraints were identified as a major barrier to both providing education and supporting behaviour change in pregnancy. 87% of respondents considered informing pregnant women regarding health behaviours and stillbirth risks to be part of their role; 84% considered supporting pregnant women in behaviour change to be part of their role. Although the vast majority of HCPs considered informing women regarding health behaviours and stillbirth risks to be part of their role, only 56.4% felt confident and trained to do so.

Conclusions: Our findings show that HCPs face multiple challenges in discussing important risk factors for stillbirth during pregnancy. Prioritisation of HCP education and protected time to discuss modifiable risk factors for stillbirth during antenatal care are key to enhancing preventive efforts.

A RAPID IMPROVEMENT EVENT: PROGESTERONE PRESCRIBING IN PREVENTION OF MISCARRIAGE

Lucy Bolger [1], Nicola O'Riordan [2], Cathy Allen [2]
1. Royal College of Surgeons in Ireland
2. National Maternity Hospital

Abstract

A Rapid Improvement Event (RIE) is a standard operational excellence technique that uses team-based problem solving to improve processes. In this study, an RIE was undertaken to improve progesterone prescribing rates for those with a history of miscarriage experiencing vaginal bleeding in early pregnancy. NICE guidelines on the prescription of progesterone in these instances changed in November 2021 after a Cochrane meta-analysis and the PRISM randomised control trial which demonstrated a higher incidence of live births in those prescribed vaginal micronised progesterone for threatened miscarriage.

A RIE involves a team approach and a standard sequence of events allowing analysis and improvement of a process. Analysis in the form of audit revealed a low progesterone prescribing rate for eligible patients in our unit. Dissection of this problem into its elements revealed a low level of staff knowledge regarding the change in guidelines and a lack of confidence in prescription of progesterone. A plan of actionable events to improve prescribing rates was devised. The updated guidance and local recommendations on appropriate micronised progesterone formulations were presented at hospital grand rounds. Infographics were displayed in areas visible to stakeholders within the hospital and on the hospital's social media pages. The validity of these educational measures to improve the process was re-audited after two months.

Progesterone prescribing improved by 48%. Those comfortable with prescribing as per the new guidelines improved from 43% to 78%. A RIE proved to be an effective and efficient approach to collaboration, decision-making and action.

THE HISTORY OF HORMONE REPLACEMENT THERAPY: A HOT FLASH IN A PAN?

Claudia Condon
Mater Misericordiae University Hospital

Abstract

Background: Hormone replacement therapy has recently become a hugely popular topic in mainstream media, with its risks and benefits being portrayed anecdotally on national radio and media. Recent shortages have also caused significant controversy. Gynaecologists and general practitioners have been navigating complex and fickle public opinion, as well as constantly evolving evidence, on hormone replacement therapy for the management of menopausal symptoms.

Objective: This literature review aims to portray the history of the discovery of female sex hormones and the development of their use for therapeutic purposes. We will review the changes in prescription habits and the literature that promoted these changes. We will describe the changes in the posology and formulations.

Methods: A search of electronic medical literature database PubMed including articles with 'hormone replacement therapy', 'history', 'discovery' and 'estrogen' included in the title, as well as further historical articles review.

Finding: Female sex hormones of estrodiol and estrone were first discovered in approximately 1923 by Adelbert Doisy at the St Louis University Medical School. Progesterone was isolated shortly after. The therapeutic use of hormones has made several significant developments in safety profile, efficacy and posology.

Conclusions: Hormone replacement therapy has had an indulating journey of therapeutic use in the 99 years since the first discovery of estrogen compounds. Ongoing improvements in safety profile and efficacy should be a source of encouragement for clinicians and patient alike.

ONE YEAR OF A ONE STOP SHOP ABNORMAL UTERINE BLEEDING CLINIC IN A REGIONAL GENERAL HOSPITAL

Claudia Condon [1], Madan Lal [2], Conrado Cusnaider [2]
1. Mater Misericordiae University Hospital
2. Obstetrics and Gynaecology Department, St Luke's General Hospital, Kilkenny

Abstract

Background: This audit aimed to review the first year of practice for an abnormal uterine bleeding clinic and outpatient hysteroscopy in a regional general hospital in Ireland. Abnormal uterine bleeding describes a diverse range of presentations, both benign and malignant. International guidance by NICE and TOG has long recommended outpatient hysteroscopy as a first line investigation for a myriad of clinical presentations. The routine use of hysteroscopy under general anaesthetic is a high cost activity with unjustifiable patient exposure and resource use. The introduction of this focused outpatient procedure clinic aimed to expedite investigation and management for the patients and streamline service provision for the health service, with large associated cost savings.

Objectives: We aimed to assess the clinical volume assessed by one consultant led clinic in one year. We aimed to assess the referral pathway by clinical indications, the procedures that were performed, clinical findings and follow up required.

Methods: We retrospectively collected data on the reason for referral, investigations and tests performed and whether any further clinical contact was indicated. We also reviewed histology of biopsies taken at the clinic.

Findings: 296 patients were reviewed by one consultant in one year, each Wednesday morning where clinically possible. The mean age was 44.4 years. The most common presenting complaint in this cohort was menorrhagia. Every patient had a transvaginal ultrasound. 43% of patients had an EndoSee hysteroscopy. 37% of patients had a Pipelle biopsy taken. 83% of patients had medical or surgical management provided on the day of first presentations to clinic. 17% of patients required referral for surgical management in theatre.

Conclusion: We found that when an appropriate referral and triage pathway is in place a regional general hospital is an appropriate place of management of benign conditions causing abnormal uterine bleeding. This clinic format allows timely and efficient diagnosis of malignant conditions that require prompt r

IS THERE A RIGHT TO REPRODUCE? WHAT ARE THE REASONABLE ETHICAL LIMITATIONS TO THIS RIGHT?

Lucy Bolger, Gina Menzies
Royal College of Surgeons in Ireland

Abstract

Procreation is a unique and valued experience and the suffering of infertility, now recognised as a medical condition, is well documented throughout history. The emergence of artificial reproductive technologies from the 1970s onwards brought hope to sufferers of infertility worldwide. Ireland's fairness in access to fertility treatment has been chastised in recent years due to the unavailability of publicly funded ART.

This work addresses the questions "Is there a right to reproduce?" and "Where should the limitations lie?" with a focus to inform an ethical, just publicly funded ART access criteria. A review of ethical literature and legislation relating to the right to reproduce was carried out and guidelines and access criteria from jurisdictions already providing publicly funded ART were studied.

The negative right to natural procreation is well supported given that interference with that right interferes with one's physical integrity. However, the moral right to reproduce through ART is nuanced and differing opinions exist. The case is clearer with acknowledgement of infertility as a disease and viewing the right to reproduce through ART as a right to a decent minimum of healthcare. There is a unenumerated right to naturally reproduce in the Irish constitution which has been affirmed in case law but there is a paucity of law relating to ART and officially enforced regulation.

When suggesting an access criteria for publicly funded ART, systems from other jurisdictions as well as international guidelines were examined. In both guidelines and the medical literature, support for limitations to ART access on the basis of age, lifestyle factors and comorbidities exist. As in other areas of medical practice, ART access should always be evidence based, patient centred, non-discriminatory and adjusted according to new evidence and innovation.

THICKENED ENDOMETRIUM: THE GREY ZONE

Ruth Roseingrave, Sie Ong Ting, Zara Fonseca-Kelly, Niamh Murray
Department of Obstetrics and Gynaecology, National Maternity Hospital, Holles Street

Abstract

Background: 15% of women with postmenopausal bleeding (PMB) will have endometrial hyperplasia or carcinoma. Endometrial sampling is recommended for investigation of PMB and a thickened endometrium on pelvic ultrasound, however the cut-off levels for endometrial thickness (ET) differ between guidelines. The Royal College of Physicians of Ireland advises endometrial sampling at 3mm or greater, whereas the Royal College of Obstetricians and Gynaecologists advises 3 to 4mm. A grey zone exists between the measurements of 3 and 4 mm regarding the decision to proceed with further investigations.

Objective: This study investigates the findings at outpatient hysteroscopy (OPH) for women with PMB and an ET of between 3 and 4mm on pelvic ultrasound. Study design and methods: All women with PMB and an ET of 3 to 4mm on ultrasound who attended OPH in the National Maternity Hospital in 2021 were included in this study. Women on hormone replacement therapy (HRT) were included if the PMB occurred after six months on HRT. The women were divided into two groups: ET between 3mm to ≤3.5mm, versus >3.5mm to 4mm.

Findings/results: In total, 41 women were recruited for this study. For the group of women who had an ET of 3-3.5mm, the average age was 61 years old, and 18.8% were taking HRT. 6.3% had a clinically thickened endometrium at OPH, and 12.5% had an endometrial polyp. 6.3% had endometrial carcinoma on histology. In the group of women with an ET measuring 3.5-4mm, the average age was 59 years old, and 16.0% were taking HRT. 4% had a clinically thickened endometrium and 20% had an endometrial polyp at OPH. None of these women had endometrial carcinoma on histology. A limitation of the audit was the small sample size, and we should be cautious in drawing conclusions without further research. However, our audit highlighted the presence of abnormal findings in women with an ET of between 3 and 4mm.

Conclusions: Based on our audit findings, it is reasonable to offer OPH to women with PMB and an endometrial thickness of between 3 and 4mm.

A RETROSPECTIVE REVIEW OF ADOLESCENT GYNAECOLOGY SERVICES IN A TERTIARY OUTPATIENT CLINIC

Ruth Roseingrave
Department of Obstetrics and Gynaecology, National Maternity Hospital, Holles Street

Abstract

Background: The National Maternity Hospital (NMH) offers a specialist adolescent gynaecology clinic for young women. The clinic runs weekly and is led by two consultants specialising in adolescent gynaecology, as well as non-consultant hospital doctors, gynaecology nurses and healthcare assistants. The clinic accepts referrals from general practitioners (GPs) and hospital doctors.

Objective: The aim of this study was to determine the reasons for referral, most common diagnoses and the outcome of attendance at the clinic in 2021. Study design and method: We identified all the adolescents who attended the clinic in 2021. Data was collected retrospectively, and stored anonymously. Results were analysed by two researchers and reviewed by the supervising consultant.

Findings and results: 229 patients between the ages of 9 to 18 attended the clinic in 2021. There were 169 new referrals and 60 return visits. 81.6% were referred by their GP. Other referrals were from paediatric and adult hospital doctors across Ireland. The clinic facilitated 356 appointments in 2021. 82.5% of consultations were in person. Menstrual problems formed the majority of referrals at 82.9% (190/229). Other reasons included ovarian cysts (2%; 5/229), pelvic pain (2%; 5/229), and vulvovaginal issues (7%; 16/229). Complex developmental anomalies of the genital tract were diagnosed in 12 young women (5%; 12/229). Each adolescent had an average of one return visit (range 1-3). 45.9% (105/229) were discharged from the clinic. Regarding menstrual problems, 43.2% of adolescents had trialled medical treatments prior to referral (99/229).

Conclusions: The adolescent gynaecology clinic provides a specialised service to this unique group of women. A large number of adolescents with menstrual problems had not trialled any medication prior to review – this may be a missed opportunity. A small number of young women had congenital anomalies which require specialised and ongoing care. By analysing and understanding the caseloads, we appreciate the value that the clinic brings to the NMH.

AUDIT OF CURRENT PRACTICE OF PRESCRIBING ASPIRIN TO PREVENT PREECLAMPSIA AND IUGR IN THE NATIONAL MATERNITY HOSPITAL, DUBLIN.

Alex Taylor, Adam Lynch, Rachel O'Keeffe, Daniel Kane, Clare O'Connor

1. Obstetrics and Gynaecology, St Luke's Heneral Hospital, Kilkenny, Ireland
2. Obstetrics and Gynaecology
3. Maternal Fetal Medicine, National Maternity Hospital Holles Street
4. Department of Obstetrics & Gynaecology, The National Maternity Hospital, Dublin 2

Abstract

Background: Preeclampsia (PET) complicates 3-5% of all pregnancies while intrauterine growth restriction (IUGR) complicates 5-10% of all pregnancies. Low dose aspirin has been shown to reduce the risk of PET and IUGR, once started before 16 weeks. The NICE guidelines recommend prescribing aspirin at a dose of 75-150mg. Recent evidence suggests the minimum dose should be 100mg.

Objective: The aim of this audit was to investigate whether aspirin was prescribed to women who were at risk of PET or IUGR birth according to the NICE guidelines.

Methods: This audit was completed in the National Maternity Hospital (NMH), Dublin. Data collection included a retrospective selection of all patients who attended their booking visits between 13/05/2019 to 17/05/2019. These dates were chosen at random, however, they were selected to predate the COVID 19 pandemic and the HSE cyber-attack. The criteria used to identify patients at risk of PET or IUGR was based on the NICE guidelines. After initial data collection, information regarding the indications for prescribing aspirin for the prevention of PET and IUGR was circulated to staff in NMH, including posters and educational events. Re-audit was completed in July 2022.

Results: The results from the initial audit of booking visits from 13/05/2019 to 17/05/2019 included a total of 111 patients. Out of the total number of patients (n=111), seventeen met the criteria for aspirin. Of the seventeen only three (17.6%) were prescribed aspirin. In the re-audit from 01/06/2022 to 15/06/2022, nineteen met the criteria for aspirin from the cohort of 203 patients. Of the nineteen, seven (36.8%) were prescribed aspirin. The data for all patients who met the criteria is outlined in the table.

Conclusion: It is clear from the results of this audit that many patients who fulfill the criteria are not being prescribed aspirin at their booking visit. Although distribution of information increased the prescription of aspirin, unfortunately, many patients are not receiving the treatment advised by national guidelines.

A RETROSPECTIVE REVIEW OF THE QUALITY OF CONSENT FORMS FOR CAESAREAN SECTIONS

Alex Taylor [1], Ruta Petkute [1], Nagaveni Yuddandi [2]
1. Obstetrics and Gynaecology, St Luke's Heneral Hospital, Kilkenny, Ireland
2. Obstetrics & Gynaecology, Maternity Department, St. Luke's General Hospital

Abstract

Background: Informed consent is fundamental to modern medical ethics. Studies have reported that patient understanding of procedures while attaining consent are unexpectedly low. The Caesarean Section (CS) is the most common major surgery performed globally. It is the clinician's duty to discuss the risks of CS specific to the woman and her pregnancy.

Objective: The aim of this study was to address the quality of CS consent forms and introduce a standardised procedure specific consent form.

Methods: Data was collected retrospectively and stored anonymously. Our sample was randomly selected from patients who delivered by CS in St Luke's Hospital Kilkenny (SLK) in July and August 2022. The consent forms were analysed using the standards of the Royal College of Obstetricians and Gynaecologists (RCOG) guideline.

Results: 55 consent forms of patients who delivered by elective or emergent CS in SLK were reviewed. The current consent form used is a four page document from HSE created for general surgery with blank spaces to input the procedure name and its risks. In 24% of the consent forms, the procedure name inputted by the clinician was inappropriate. The risks discussed in the majority of cases were infection (80%), bleeding (78%), damage to surrounding structures (69%%), transfusion (47%) and anaesthetic risks (45%). Less than half documented the risk of VTE (49%), pain (42%), fetal laceration (40%), hysterectomy (14%), return to theatre (5.4%). The risks of CS that were not discussed with any of the patients were future pregnancy complications, maternal death and fetal transient breathing difficulties. There were no risks documented on 11 consent forms. The consent form was completed by the surgeon preforming the operation in only 7 cases. 4 consent forms were illegible and data was unable to be recorded.

Conclusion: The consent forms for CS reviewed were inconsistent. A standardised CS specific consent form as recommended by RCOG has been created in an effort to improve the quality of consent forms and ensure accurate, informed consent for each patient.

A RETROSPECTIVE OBSERVATIONAL STUDY OF THE INDICATION FOR CAESAREAN SECTION AND THE QUALITY OF DOCUMENTATION

Alex Taylor [1], Ruta Petkute [1], Nagaveni Yuddandi[2]

1. Obstetrics and Gynaecology, St Luke's Heneral Hospital, Kilkenny, Ireland
2. Obstetrics & Gynaecology, Maternity Department, St. Luke's General Hospital

Abstract

Background: The rising caesarean section (CS) rate is a global concern. In developed countries, there is an increase in CS rates (51% increase from 1993 to 2013), with the rates of CS remaining higher than the World Health Organization's recommendations. In Ireland, CS rate is estimated at 31% with no evidence of associated improvement in outcomes for the neonatal morbidity or mortality.

Objectives: -To evaluate the indications for CS in a general hospital and the compliance to NICE guidelines. -To review the quality of documenting operation notes. -To encourage adheres to guidelines in order to reduce the CS rate.

Method: Data was collected retrospectively and stored anonymously. Our sample was randomly selected from patients who delivered in St Luke's Hospital Kilkenny (SLK) in July and August 2022.

Results: From 01/07/22 to 31/08/22 there were 236 deliveries in SLK, with a 47% CS rate. 55 charts from the 110 patients who delivered by CS were reviewed. The patients ranged in age from 22 to 46 years. Gestation at delivery ranged from 34+4 to 41+5. The majority of the charts had no Robsons group recorded, (37/55) and of the 18 Robson groups documented 6 were incorrect. The category of these CS was not recorded by the Obstetrician in 24% of cases.

The indications identified for the patients who delivered by CS is displayed in Table 1. No indication was documented in 20% of these patients and after detailed review of these charts no indication complying with NICE guidelines could be identified. On review of the operation note, the indication for CS was not documented in 53%. 21% were illegible and no data could be collected. Additionally, only 2 operation notes were correctly signed with surgeons name and Irish Medical Council number.

Conclusions: In SLK, the CS rate for July and August 2022 is 47%. A clear indication for CS was not recorded in 20% of cases. The indication was not recorded on 53% of the operation notes. A standardised operation note for CS has been created in an aim to be introduced and to improve documentation and clarify indications for CS.

CAN ANTI-MULLERIAN HORMONE PREDICT PREGNANCY OUTCOMES IN RECURRENT PREGNANCY LOSS?

Jill Mitchell [1], Sarah Cullen [2], Aoife McEvoy [1], David Crosby [1], Cathy Allen [1]

1. The National Maternity Hospital
2. Department of Reproductive Medicine, National Maternity Hospital, University College Dublin

Abstract

Background: Anti-Mullerian Hormone (AMH) levels have been shown to be lower among women who have experienced recurrent pregnancy loss (RPL) compared with the general population. However, it is unclear whether it can predict the ultimate outcome in the RPL setting, a livebirth.

Objective: This study aims to determine whether AMH can predict the likelihood of a livebirth in women with RPL.

Study Design and Methods: Retrospective analysis of a consecutive cohort of women undergoing investigation for RPL in a tertiary referral centre over a seven year period (August 2014 -December 2021). Analysis was done using logistic regression models adjusting for maternal age and previous livebirth. Exclusion criteria included abnormal parental karyotype and abnormal pelvic ultrasound scan. Pregnancy outcome was defined as livebirth or further pregnancy loss.

Results: 477 women underwent investigation of RPL during the study period. Of these, 63.7% (n=304) conceived while attending the clinic. The majority of women (71.7%, n=218) proceeded to have a livebirth. There were no differences in median AMH levels between the livebirth group and the further pregnancy loss group (11 pmol/L vs 9 pmol/L respectively (p=0.083). AMH did not affect clinical pregnancy rates (p=0.77, 95% CI= 0.99 [0.98, 1.01]) or pregnancy outcome (p=0.30, 95% CI= 1.01 [0.99, 1.04]). Similarly, it did not influence use of assisted reproductive technology (p=0.30, 95% CI= 1.01 [0.99, 1.04]) or time to conception (p=0.10, 95% CI= 1.02 [0.99, 1.04]).

Conclusion: Although AMH levels may have some utility in counselling of some couples with RPL, these contemporaneous data indicate that low AMH does not negatively influence pregnancy outcome in women with recurrent pregnancy loss.

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

Liam Shaw [1], Alannah Dolan [1], Mary Frances Higgins [2]

1. UCD School of Medicine, University College Dublin.
2. Associate Professor, University College Dublin. The National Maternity Hospital, Holles Street

Abstract

Background And Objectives: 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, to further guide management and highlight the importance of existing management of pre-gestational diabetes during pregnancy.

Methods: Charts of women with T1DM and T2DM who delivered in 2021 were reviewed. Markers of diabetes control including booking HbA1C and last recorded HbA1C before delivery, type of diabetic medication and the presence/absence of retinopathy were reviewed. Obstetric outcomes including mode of delivery, gestational age and neonatal outcomes including neonatal intensive-care (NICU) admissions and hypoglycaemia were recorded.

Results: Of the 40 women with T1DM, 8 women had miscarriages (20%). Ten women required emergency caesarean births (31.3%). Of the 15 women with T2DM, one woman had a miscarriage (6.7%) and five women required emergency caesarean births (33.3%). In terms of neonatal outcomes, 14 of 33 babies born to mothers with T1DM were admitted to NICU(42.4%) and 7 babies experienced neonatal hypoglycemia (21.2%). One of the 15 neonates born to mothers with T2DM required NICU admission (6.7%) and two were hypoglycemic.

Conclusion: In summary, pregnant women with T1DM and T2DM experienced high rates of adverse obstetric and neonatal outcomes. In this way, the importance of specialised management of pre-existing diabetes in pregnancy cannot be understated

AN EXPLORATORY STUDY OF OBSTETRICS TRAINEES EXPERIENCES OF BREAKING BAD NEWS

Valerie Julius [1], Geraldine McCarthy [2], Peter Cantillon [2]

1. College of Medicine, Nursing and Health Sciences, University of Galway
2. School of Medicine, University of Galway

Abstract

Background: Breaking bad news is one of the most difficult tasks performed by doctors (1). The news can significantly impact on the patient's life, however it also generates stress for the doctor (2). Despite receiving training in this area most obstetrics trainees surveyed reported feeling out of their depth when breaking bad news (3).

Objective: The aim of this study was to understand obstetrics trainees experiences of breaking bad news. The information gained from this will be useful in the design of future education and training.

Study Design and Methods: A qualitative study was performed using a phenomenological approach to understand this experience (4). Interpretative phenomenological analysis (IPA) was used to capture the experience of breaking bad news for the trainees (5). Semi-structured interviews were conducted with seven trainees, five at Basic Specialist Training (BST) level and two at Higher Specialist Training (HST) level. The transcripts were analysed in line with the IPA framework using NVivo software.

Findings/Results: Trainees break bad news in a variety of clinical contexts. They believe that their professional obligation extends beyond clinical care to providing care that is compassionate and supportive. Breaking bad news can be emotionally draining however only two trainees mention ways of coping with this. The formal training that they have received is insufficient with the majority of learning occurring 'on the job'. They all view the patient experience as central to this encounter.

Conclusions: This study provides a rich description of the factors that influence trainees experiences of breaking bad news. The information generated from this study complemented existing literature and raised questions about how to best support trainees through increased training and psychological support.

NON-INVASIVE PRENATAL DIAGNOSIS – OPTIMISING INDIVIDUALISED PATIENT CARE IN PERINATAL GENOMICS

Tara Rigney [1], Samantha Doyle [2]

1. Clinical Genetics & Perinatal Genomics Department, National Maternity Hospital, Dublin
2. Department of Reproductive Medicine and Clinical Genetics, NMH, UCD

Abstract

Background: Non-invasive prenatal diagnosis (NIPD) offers a safe and timely alternative to invasive testing in pregnancy. NIPD can be offered from 9 weeks' gestation for conditions including Cystic Fibrosis, FGFR3-realted skeletal conditions, FGFR2-related Craniosynostosis and fetal sex determination, with a diagnostic turnaround time of days. Individualised NIPD can offer patients bespoke testing under certain circumstances. The ability to offer our patients this tailored care has huge implications for their management eliminating the requirement for invasive testing and overall wellbeing.

Objective: To ascertain if and how NIPD is affecting patient care within our Clinical Genetics Department

Study design: Retrospective identification of all patients who had NIPD over a 12-month period

Results: NIPD plays a vital role in the care of our patients. Eight of our patients had NIPD in pregnancy.

- Three patients, known carriers of an X-Linked condition, had fetal sex determination to decide whether or not it might be appropriate to proceed to invasive testing.
- Two patients were diagnosed with pregnancies affected by Aperts Syndrome (FGFR2) and Thanatophoric Dysplasia (TD) (FGFR3) following abnormalities detected on ultrasound scan.
- One patient had NIPD for previous pregnancy affected by TD
- Two patients had bespoke NIPD in pregnancy – previous pregnancy affected by COL2A1 and COL1A1 respectively.
- Two further postnatal cases identified as suitable candidates to have NIPD in a future pregnancy.

Conclusion: The advantages of NIPD are clear and can be appropriate for some couples following review by a clinical geneticist and counselling. It can bring a significant amount of relief when it is done in the setting of a previously affected pregnancy. It is carried out from 9 weeks, therefore if a pregnancy is affected by the condition an early decision to end the pregnancy is possible. It does not come with the risks of invasive testing. Targeted NIPD in the setting of an abnormal ultrasound leads to timely diagosis and optimises patient care.

A RETROSPECTIVE STUDY OF CASES OF 'MISSED' IUGR AT (>37 WEEKS) < 2.5KG FOR 3 MONTHS

Catherine O'Regan [1], Siobhain Enright [2], Sean Daly [1]
1. Obstetrics and Gynaecology. The Rotunda Hospital, Dublin.
2. Clinical Risk. The Rotunda Hospital, Dublin.

Abstract

Background: Intrauterine growth restriction (IUGR), failure of the fetus to reach its growth potential, is associated with stillbirth and increased morbidity and mortality. Its timely detection is essential to reduce the incidence of associated complications.

Objective: To retrospectively assess the number of IUGR babies born after 37 weeks of gestation that were missed during their antenatal care.

Study design and methods: A retrospective electronic chart review of all babies that were born between the 1st of January 2022 and the 31st of March 2022 and that weighed less than 2.5kg after 37 weeks of gestation.

Results: There were a total of 56 babies delivered that weighed <2.5kg after 37 weeks gestation, out of a total of 2,068 live births during that period. 56% of mothers (31/55) were primiparous. The mean maternal age at delivery was 32 yrs old.

Mean birth weight was 2.31 kg, with 2 babies weighing under 2 kgs. 60.7% (34/56) were delivered between 37+0 and 37+6; 30% (17/56) between 38+0 and 38+6; and 13.8% (5/36) were delivered between 39+0 and 39+6. None were delivered after 40+0.

66% (37/56) had evidence of antenatal recognition and suspicion of IUGR either via follow up with serial scans in the Fetal Assessment Unit, or via detection during their antenatal visits. 83% (31/37) were diagnosed after 32 completed weeks of gestation. 86% (32/37) had a plan for delivery based on the antenatal recognition of IUGR.

34% (19/56) had no evidence of antenatal recognition of IUGR . Of these, 4 were DCDA twins delivered routinely at 38+0 weeks, 36% (7/19) were primiparous, and all were delivered between 37+1 and 39+5. 36% (7/19) had a scan in the 3rd trimester that didn't identify a small baby.

Conclusion: Based on this study our hospital had an antenatal detection rate of fetal growth restriction of 66% in live IUGR babies born during this time interval. Most of these however, were diagnosed after 32 completed weeks. More work is needed to identify the timing of detection and to audit the antenatal care of these cases.

WHAT LIES BENEATH - GENETIC DIAGNOSIS & CASCADE TESTING

Tara Rigney [1], Samantha Doyle [2]

1. Clinical Genetics & Perinatal Genomics Department, National Maternity Hospital, Dublin
2. Department of Reproductive Medicine and Clinical Genetics, NMH, UCD

Abstract

Background: A genetic diagnosis extends beyond the Index case to individuals at risk for inheriting a pathogenic variant within a family. Cascade testing has huge implications for both the clinical genetics case load and the health and reproductive options of those identified following the detection of a familial variant.

Objective:

- To identify the proportion of genetic diagnoses which will lead to cascade testing amongst our patients in a dedicated specialised perinatal genomics service.
- To illustrate cascade testing by means of an interesting case identified during the study

Study design and methods: This was a retrospective case series analysis over a 12-month period

Results: Of the 129 cases analysed, 32 (25%) initiated cascade testing. In reality this means that multiple family members may be at risk of a genetic condition, be affected already and not know the molecular basis of the disease, or may be at risk of having more severely affected pregnancies (as in the case outlined). A prenatal diagnosis of a rare autosomal dominant monogenic cause for cardiac disease illustrates the effect on both the index case and wider family.

Conclusions: Cascade testing forms a significant part of the workload of a clinical genetics department. It identifies at risk family members, and by offering to test them it may connect them to the appropriate health services sooner and in a more targeted way. Earlier intervention is not only cost-effective but it leads to better outcomes for our patients. It paves the way for pre-conception counselling in some family members facilitating options like Preimplantation Genetic Testing and invasive and non-invasive testing, and importantly can avoid in-pregnancy diagnosis and its subsequent sequelae.

OBSTETRIC AND NEONATAL OUTCOMES WITH EXCLUSIVE E-CIGARETTE OR VAPING USAGE

Nessa Hughes [1], Katie Flynn [1], Emma McNamee [2], Carmen Regan [2], Stephen Lindow [1], Michael O'Connell [2]

1. Coombe Women and Infants University Hospital
2. CWIUH

Abstract

Background: The use of e-cigarettes or vaping as an alternative to tobacco cigarette smoking has become increasingly common, both as a smoking cessation aid or an alternative primary choice. Data on e- cigarette/ vaping use and safety in pregnancy is lacking.

Objective: To compare obstetric and neonatal outcomes in women who exclusively used e-cigarettes or vaped with non-smokers in pregnancy.

Study Design: Retrospective observational cohort study

Methods: In 2017 a question on vaping behaviour in pregnancy was included in the booking history. This study compared delivery outcomes in those women who at booking acknowledged exclusive vaping or e- cigarettes usage with non-smokers. This was obtained by using information from the hospital database. In total data from 36,549 births were examined.

Results: A total of 316 women reported using e-cigarettes exclusively and 451 reported using vaping products exclusively. They were compared with 32,562 non-smokers as a control group. Similar mean birthweights were noted between e-cigarette users (3440 ± 546g) and non-smokers (3439 ± 575g, p=NS) as well as between those who vaped (3409 ± 628g) and non-smokers (p=NS). Vaper's neonates were more likely to have a low APGAR score at 1 minute and e-cigarette users were more likely to deliver a baby who was admitted to NICU. Both e-cigarette users and vapers were younger and more likely to be Caucasian and be former smokers and had suffered with mental health problems in the past.

Conclusion: The use of e-cigarettes or vaping in pregnancy was not associated with reduced birthweight, gestational age, prematurity rates, stillbirth, or fetal abnormality but may be associated with lower APGAR score and greater NICU admission rates.

VAGINAL APPROACH CERVICAL CERCLAGE IN WOMEN AT RISK OF SPONTANEOUS PRETERM BIRTH

Rachel O'Keeffe [1], Siobhan Corcoran [2]

1. National Maternity Hospital Holles Street
2. Department of Maternal Medicine, National Maternity Hospital, Holles Street, Dublin

Abstract

Introduction: Cervical cerclage is recognised to reduce the risk of recurrent spontaneous preterm birth. Insertion of cerclage is not without risk so should be targeted to pregnancies likely to benefit.

Objective: The aim of this study is to describe the indications, the complications from and the outcome in the pregnancies where a cervical cerclage has been sited.

Materials and Methods: Retrospective cohort study of all women undergoing cervical cerclage from the vaginal approach in a tertiary referral centre between January 2018 and January 2022.

Results: 72 patients were found to fit the criteria. 10 patients were excluded due to either ongoing pregnancies or notes lost to transfer to other hospitals. Of the 62 patients remaining, 33% (n=20) of cervical cerclages were inserted on the basis of patient history alone and 67% (n=42) were ultrasound indicated. All cerclages were inserted prior to 24 weeks gestation with a mean gestation of 15 weeks. Complications included: Intraoperative ROM: 1% (n=1), Non-substantial antepartum haemorrhage:5% (n=4), Infection:5% (n=3), Clinical chorioamnionitis: 8% (n=5), PPROM: 16% (n=10), Difficult suture removal:3% (n=2), Stillbirth:1% (n=1). Indication for Removal included; Elective: 68% (n=42), Elective at LSCS: 3% (n=2), Pains: 11% (n=7), PPROM: 10% (n=6), Infection: 6% (n=4), Bleeding: 1% (n=1). Gestation at Delivery: >37weeks:76% (n=47), 34-36+6weeks:6% (n=4), <34weeks:15% (n=9), <24weeks:3% (n=2).

Conclusions: Despite being a relatively simple procedure cervical cerclage is not without risk. Reported adverse events associated with cervical cerclage include vaginal bleeding, PPROM, infection and difficulty in cerclage removal. The reported incidences of each of these complications in the literature are similar to our findings. Potential hazards of cervical cerclage need to be weighed against the possible benefits. This study will help us to counsel our patients on these potential risks.

AUDIT OF CERVICAL CERCLAGE AT THE NATIONAL MATERNITY HOSPITAL

Rachel O'Keeffe 1, Siobhan Corcoran 2

1. National Maternity Hospital Holles Street 2. Department of Maternal Medicine, National Maternity Hospital, Holles Street, Dublin

Abstract

Introduction: Preterm birth (PTB) is one of the principal causes of perinatal morbidity and mortality. Cervical cerclage has been shown to reduce the risk of spontaneous PTB in women with a history of previous preterm birth.

Objective: This audit compares our clinical practice to the recently published RCOG guidelines (RCOG Green-top Guideline (GTG) no.75, February 2022) on cervical cerclage.

Materials and Methods: Retrospective review of all vaginal-approach cervical cerclages inserted in The National Maternity Hospital, Dublin over a 4-year period (January 2018 - January 2022). Transabdominal-approach cervical cerclages have been examined in a separate study and were not included. Data relating to insertion of cerclage, obstetric and neonatal outcomes was collected.

Results: 72 cerclages were inserted over the audit period. 10 patients were excluded. Of the 62 patients remaining, 33% (n=20) cervical cerclages were inserted on the basis of patient history alone (HICC) and 67% (n=47) were ultrasound indicated (UICC). 95% (n=40) UICC were inserted according to RCOG Green-top Guidelines, opposed to only 5% (n=1) HICC. All cerclages were placed in singleton pregnancies. We did not have a single cerclage placed at advanced dilation. 61% (n=38) of patients had a BMI >25kg/m2 and no appropriate case was excluded on the basis of BMI. All cerclages were inserted as a day-case procedure. 71% (n=44) cerclages were removed electively and of these, 97% (n=43) were removed at 36-37 weeks of gestation.

Conclusion: Recent RCOG Green-top Guidelines (no.75) have recommended that women with singleton pregnancies and 3 or more previous preterm births should be offered a history-indicated cervical cerclage (HICC). This is a change to previous guidelines that recommended offering HICC after 2 or more previous preterm births. We acknowledge these changes and will ensure that we update our practice to comply with the most recent guidelines. We will re-audit this in 3 years.

THE IDENTIFICATION OF OBESITY AS A RISK FACTOR FOR THE SCREENING OF GESTATIONAL DIABETES MELLITUS

Lorna Tate
Rotunda Hospital

Abstract

Background: Ireland has one of the highest rates of obesity across Europe. 1 in 2 women are overweight or obese. Obesity is a risk factor for a multitude of complications in pregnant women including the development of Gestational Diabetes Mellitus (GDM). Obesity is an independent risk factor for performing an oral glucose tolerance test. The Royal College of Obstetricians and Gynaecologist (RCOG) recommend that all women with a BMI ≥ 30kg/m2 have an oral glucose tolerance test (OGTT) performed.

Objective: The main objective of this audit was to assess the compliance of both midwives and obstetricians at recognising obesity as a risk factor for GDM and ensuring screening was performed.

Study Design and Methods: This audit was completed as a retrospective chart review. All booking visits for the month of November 2021 were pulled from the electronic chart. This included the patients hospital number, height, weight and BMI. Any women with a BMI ≥ 30kg/m2 was identified from the booking visit. The chart was then reviewed to identify any other risk factors for GDM including age >40, family history, ethnicity, previous 4.5kg, PCOS, unexplained perinatal mortality and HIV.

Results:

70 women with a BMI ≥ 30kg/m2 were identified from the booking visit. 1 woman was excluded as she delivered at 24 weeks. A further 7 women were excluded due to a previous diagnosis of GDM. This left 62 women in the cohort.

Of the 62 women who required an OGTT to be ordered due to BMI 90.3% (56) of these women had it ordered and performed. 9.7% (6 women) did not have an OGTT ordered or performed. Of the 6 women who did not have an OGTT sent based on BMI 25% (2/6) of the women had an additional risk factor including ethnicity and family history. 25% of those screened subsequently had a positive OGTT (14/56).

Conclusion: The majority of women who are obese had an OGTT performed during their pregnancy. Given the complications that can arise both from diagnosed and undiagnosed GDM, it is important that we strive to ensure 100% of women have an OGTT if indicated.

THE UPTAKE OF FOLIC ACID AMONG PREGNANT LADIES ATTENDING WGH BETWEEN JULY 22- AUGUST/22

Asma Fagear Mohamed [1], Asma Mehmooda [2], Hafsa Yousif [3], Sandhya Babu [4], Asish Das [5]

1. Obstetrics and Gynaecology, Wexford General Hospital , Wexford
2. WGH , obstetrics SHO
3. OBSTETRICS SHO
4. Consultant Obstetrics & Gynecology
5. Consultant Obstetrics Gynecology

Abstract

Background:

High dose of folic acid needed to be taken preconception for obese lady with an audit target of 100%. Any lady with haemoglobinapothy, IBD, epilepsy or pre-existing DM should start folic acid high dose pre pregnancy at least by 3 months.

Objectives: The audit target for obese pregnant ladies in WGH JULY 22- August 22 The pregnant ladies with other medical conditions (DM,epilepsy,IBD,Haemoglobinopathy) whom the attend WGH 07/22-08/22 which dose at folic acid they are taking and how early the start taking it.

Design and Methodology: Cross sectional prospective audit using questionnaire to interview pregnant ladies attending WGH 07/22-08/22

Conclusion:

1. audit target for obese lady 100% we achieve only 16%
2. only 10% started preconception
3. the need to promote early booking BMI with GP so at least ladies can start appropriate dose as early as possible .

TRUCLEAR MYOMECTOMY IN WGH, A CASE SERIES, FIRST INSTITUTION IN IRELAND TO UTILISE TRUCLEAR HYSTEROSCOPIC FOR RESECTING INTRACAVITY FIBROIDS

Humaira Tabassum
OBG WEXFORD GENERAL HOSPITAL

Abstract

Background: Uterine submucosal myoma may typically present with symptoms of AUB and subfertility. TruClear myomectomy is a simple effective well-tolerated day-care procedure for treating them.

Objective: Study aimed to prove TruClear as a safe procedure with minimal or no morbidity and improves quality of life on follow up. (1)

Study Design and Methods: This retrospective study of 22 patients who had TruClear myomectomy under GA performed either by training registrars or lead consultant. For selection (3) all women underwent OPH and /or TVS, patients with G0, G1 and G2 were included. We noted size of the hysteroscope used depending upon the size of myoma, morcellation time, fluid deficit, histology and follow-up.

Findings/ Results: Single entry of hysteroscope was done with morcellation time ranging from 2min 28 seconds up to 33min 44sec (mean time was 14 minutes). Distention medium was 0.9% saline/ RL. Safety measures is employed as fluid deficit thresholds of 750 ml with plan of completion of procedure before 2500 mL of fluid deficit is reached (earlier in patients who are elderly or have comorbidities). Fluid balance showed deficit of 150ml to 2400ml (mean fluid balance was 570ml). All patients were discharged on the day of the procedure and no intra-operative or post-operative complications were reported.(6) Two women had two step myomectomy four to six months later as they had multiple fibroids of large size up to 6mm, could not be removed in one sitting.(5) On follow up women had significant improvement in symptoms only one women needed hysterectomy for persistent AUB. For the four women with history of subfertility one conceived spontaneous, one by clomid, another patient is waiting for IVF with preserved sperms.

Conclusions: Principal advantages of TruClear Myomectomy were reduced risk of cervical and uterine trauma, less inadvertent fluid overload, rapid completion of procedure, with ability to quickly return to activities. Follow up did support the fact that women can improve bleeding pattern & conception rate.

OUTCOMES FOLLOWING ENDOMETRIAL ABLATION IN THE MANAGEMENT OF REFRACTORY ABNORMAL UTERINE BLEEDING

Sarah O'Riordan [1], Ciara McArdle [1], Fiona Martyn [2]

1. The National Maternity Hospital, Holles street, Dublin 2
2. Department of Gynaecology, The National Maternity Hospital, Dublin 2

Abstract

Background: Abnormal uterine bleeding (AUB) is a debilitating condition that affects women globally. Endometrial ablation (EA) selectively destroys the endometrium and is a less-invasive surgical alternative to hysterectomy. EA is associated with fewer post-operative complications, a shorter hospital stay, and lower healthcare related costs. OBJECTIVE: The aim of this study is to evaluate the post-operative outcomes in patients who underwent endometrial ablation for refractory menorrhagia in our institution.

Method: We conducted a retrospective review of all patients who underwent EA for the management of AUB in The National Maternity Hospital over a 3-year period (01/01/2019-01/08/2022). Clinical and demographic data was collected from the electronic patient record. Those scheduled for follow up appointments at other sites were excluded.

Findings: One-hundred forty-eight EAs were performed during the study period, of which 112 met inclusion criteria. Mean age of participants was 43.7 years (range, 29-54 years). 100% had a history of AUB. 72%(n=81) of patients reported a satisfactory improvement in their bleeding and were discharged to their GP at the time of their 3-month post-operative review. Of these, 54% (n=44) reported amenorrhoea. 20%(n=22) of patients who underwent EA required follow up for persistence of symptoms. Further surgical intervention was required in 9%(n=10). Nine patients subsequently underwent total laparoscopic hysterectomy (TLH), and one required uterine artery embolisation (UAE). One TLH was performed due to persistent severe pelvic pain, while the remainder were performed due to ongoing heavy bleeding. The mean length of time between EA and hysterectomy was 15.1 months(range: 5-31 months).

CONCLUSIONS: EA and intrauterine devices have dramatically reduced the requirement for major surgical intervention in the management of AUB. Patient satisfaction rates at our unit post EA were high at 72%, however, while short term outcomes appear successful, long-term follow up is required to determine the true post-ablation hysterectomy rate.

CHALLENGES IN THE MANAGEMENT OF AN UNUSUAL CASE OF SEVERE MENNORHAGIA IN AN ADULT PATIENT WITH A UTERINE ARTERIOVENOUS MALFORMATION

Fadi Salameh [1], James Walshe [2], Tarannum Ibrahim [2], Kevin Pennycooke [2]

1. The Rotunda Hospital, Dublin
2. Connolly Hospital, Blanchardstown, Dublin 15, Ireland

Abstract

Abstract: Uterine arteriovenous malformation (AVM) is an infrequently encountered cause of heavy and sometimes fatal uterine bleeding. They may be congenital or acquired. There are less than 100 cases of uterine AVM reported in the literature.

A 42-year-old nulliparous lady with known chronic alcoholic liver disease was admitted with heavy menstrual bleeding. She was previously commenced on medical management for the same symptom 6 weeks previously. After full investigations and evaluation, she was diagnosed with acute decompensated liver disease causing coagulopathy. Despite being on aggressive medical management she continues to have profuse vaginal bleeding. After an MDT discussion, the decision was made for uterine artery embolization to help reduce the amount of bleeding. Upon imaging, she was noted to have an arteriovenous malformation. She subsequently had uterine artery embolization which was successful in significantly reducing the bleeding.

Conclusion: It is important to consider arteriovenous malformations as a cause of uterine bleeding that is refractory to traditional medical intervention. Early intervention with radiologically guided uterine artery embolization should be considered when traditional methods of controlling heavy uterine bleeding have failed.

AUDIT OF STEROID ADMINISTRATION IN PRETERM BIRTHS

Bernard Kennedy, Mairead Noelle O'Riordan
Cork University Maternity Hospital

Abstract

Introduction: Guidelines state that steroids should be considered when preterm delivery is deemed imminent or is high risk, they reduce the risk of respiratory morbidity and death in the neonatal period. The aim of this audit was to assess the proportion of babies delivered before 37 weeks who received steroids in our unit.

Methods: Audit was conducted in a tertiary referral centre in the south of Ireland. All births from the 1/3/22 to the 1/9/22 were reviewed. All births from 24+0 weeks gestation to 37+0 were included. Maternal demographics and delivery information assessed.

Results: 179 deliveries met inclusion criteria; 15 < 28 48 < 34, and 115 before 37 weeks. 25% were multiple births. The mean maternal age was 33 (SD 5.9). 6.7% of women had diabetes (existing or gestational). There were 40 SVDs, 7 delivered by ventouse, 5 by forceps, 45 by elective C-Section, and 81 by emergency C-Section. Risk factors for pre-term delivery included 36 cases of PPROM, 17 threatened pre-term labour, 2 cases of recurrent APH, 43 cases were being monitored due to foetal concerns, 21 women had pre-eclampsia, 11 cases had significant maternal-medicine issues, and 6 cases of placenta praevia. 52% of the cohort got steroids, 92% of those <28 weeks, 87.5% of those <34weeks, and 34% of those <37 weeks gestation. The mean time from first steroid administration to delivery was 10 days (SD 13.7). There was no documented discussion of risks/benefits of steroids in any of the medical notes reviewed for this Audit.

Conclusions: The majority of patients received steroids, especially at earlier gestations, and appear to have received them in an appropriate time-frame. This shows that standards are being met. Preterm births were most commonly anticipated due to foetal concerns in the pregnancy, and twins are over-represented in this group, both of these findings are expected. Medical notes did not reflect the discussion that goes in prior to administering steroids. This is an area for improvement and future re-audit.

AUDIT OF MANAGEMENT OF SEVERE MASTITIS AND BREAST ABSCESS

Shahad Al-Tikriti [1], Claire McCarthy [2], Cara Gallagher [1], Geraldine Gordon [1], Marina Cullen [1], Lisa Carroll [2]

1. Obstetrics and Gynaecology, Rotunda Hospital, Dublin
2. The Rotunda Hospital

Abstract

Introduction: The purpose of this audit was to assess adherence to the 'Rotunda clinical guideline for patients admitted with suspected breast abscess or severe mastitis' and 'Rotunda antimicrobial guidelines' that have been in practice since 2020 and 2022, respectively

Methodology: We conducted a retrospective audit achieved by examining all antenatal and postnatal presentations with a breast abscess/mastitis from 01/01/2021 to 31/12/2021.

Results: There were 47 women identified: 34 of these were primary presentations. The majority of patients were in the postnatal period 97%. Mode of feeding is another dominant factor as 96.9% of those presented after delivery were breastfeeding, 94.1%. The time of presentation in the postnatal period varied widely between 6 and 56 days (median 21 days; IQR day 9-33; SD 12 days).

All charts examined showed a documented history of presenting complaint, with 97% of patients having a documented breast examination Only 29.4% had lactate level checked. The majority of patients required pain relief, 94.1% . Of those, all received paracetamol, 85.2% received NSAIDS and only 2.9% received Opioids.

MRSA swabs and breast milk samples were sent for culture in 29.4% and 76.4% of the cases, respectively. 41.1% grew Staph. Aureus while only one sample grew Group B Streptococcus (GBS). The rest of the samples, 38.2%, grew other types of bacteria. Microbiologist advice was sought only in less than 1/4 of cases, 23.5% , and a referral to lactation consult was sent in 82.3% of cases. A lactation consultation was conducted on all patients who had a referral sent.

Flucloxacillin or Cefuroxime was prescribed as first line in 94.1% of cases, with 73.5% of cases requiring the addition of Clindamycin.

Conclusion: Good compliance is noted with: Physical examination and primary investigations, analgesia and antimicrobial prescribing and non-medical treatment adjuncts. Areas to improve compliance: Sending swabs and breastmilk samples, Identifyin breastfeeding difficulties, seeking micro consult, and classification of mastitis and treatment.

CASE REPORT OF PRIMARY OVARIAN ECTOPIC PREGNANCY

Sara Khan
Tipperary Uni Hospital Clonmel

Abstract

we have written a case report on primary ovarian ectopic pregnancy as we encountered this rare variant of pregnancy in one of our pregnant admitted patient. Dr Mostafa(consultant) along with me (Sara khan) managed above patient in our clinical practice via laparoscopy.

Reasearch was done to find out the pre disposing risk factors, helpful investigations and different management plan.

we searched out the incidence of such ectopic pregnancy
we found out that pre surgical diagnosis of ovarian ectopic is difficult, even abdominal /transvaginal ultrasonography can misdiagnose it for hemorrhagic corpus luteum cyst or ovarian cyst.

ovarian ectopic pregnancy is rare, but it should be considered in acute abdomen in women of reproductive age. It can be managed safely by laparoscopy.

As this variant of ectopic pregnancy is very rare ,so we can think that most of colleagues who haven't have encountered such case may benefit by knowing about this interesting/informative case.

AN AUDIT OF ECTOPIC PREGNANCIES AND THEIR MANAGEMENT IN OLOL DROGHEDA

Amy Worrall [1], Fionnvola Armstrong [2]

1. Obstetrics & Gynaecology, Rotunda Hospital, Ireland ; Our Lady of Lourdes Hospital, Drogheda
2. Our Lady of Lourdes Hospital, Drogheda, Ireland

Abstract

Background: Ectopic pregnancies remain an ongoing risk to maternal morbidity and mortality. The function of an early pregnancy unit (EPAU) requires frequent audit to ensure that standards are maintained for the healthcare service provided to women.

Aim: This study aimed to audit management of PULs and ectopic pregnancies in our Model 3 unit serving a large catchment area.

Study Design and Methods: A retrospective audit of PUL and ectopic pregnancies that attended the EPAU in OLOL Drogheda were audited. 23 women diagnosed with a PUL or an ectopic pregnancy during the six months from January 2021 to June 2021 were included in the audit.

Findings of the Study: The LMP of 23 included women estimated 6+2 weeks gestation at presentation (range 3+5 – 10+4, median 6+0). 87% (n=20) attended via the ED, and 60.9% (n=14) had a referral letter, the remaining 13% (n=3) self-referred to the EPAU. The majority of women presented with abdominal pain (82.6%, n=19), though only 13/19 (68%) had unilateral lower abdominal pain. 60.9% (n=13) also presented with vaginal bleeding, 21.7% (n=5) with diarrhoea or vomiting, and only 13% (n=3) had shoulder tip pain. All common ectopic risk factors were only documented in 17.4% (n=4) patient records. 19 women attended EPAU, 21% (n=4) were diagnosed as an ectopic on first scan in EPAU, while 79% (n=17) were diagnosed with a PUL on initial scan. Four women (17.4%) attended ED with clinical signs and symptoms consistent with a rupturing/ruptured ectopic at time of presentation, and one underwent open laparotomy.

Conclusion: Care for PUL and Ectopic pregnancies is consistent and in line with national HSE, as well as RCOG guidelines. Women are seen promptly by EPAU following initial presentation. Even during the HSE cyberattack women presenting with PUL/ectopic presentations were managed effectively and safely. Improvements could be made with documentation of presenting complaints and risk factors. Once linked in with the EPAU service follow up, repeat bloods, imaging, and treatment were all well monitored.

EUGLYCAEMIC KETOACIDOSIS A CLINICAL PRESENTATION IN PREGNANT WOMEN WITH COVID -19 INFECTION- A CASE REPORT

Lavanya Shailendranath
University Maternity Hospital Cork

Abstract

Background: Year 2020 was a huge stress to healthcare all over the world due to covid-19pandemic. Within a few weeks of this pandemic brought in plenty of research into the effect of this virus on effect of pregnancy and its outcome. With the successful launch of preventive measures and vaccination, it is no longer a threat to placentitis and adverse

Pregnancy outcome: Euglycemic ketoacidosis is a serious condition which manifests after prolonged period of starvation, acute illness, severe vomiting with or without diabetes. Insulin resistance, a normal physiological change predisposes pregnancy to a diabetogenic phase with increased susceptibility towards ketosis. Covid 19 is an independent risk factor for ketosis in normoglycemic individuals.

Case report: This is a case report of 28-year-old women covid unvaccinated in her second pregnancy expecting DCDA twins 34 weeks gestation day 8 covid positive. on presentation she was very unwell, no fever, tachypnoeic, tachycardiac, maintaining sp02 saturation of 99% in room air subjective absence of air entry on left lung base, no crepitation on auscultation of respiratory system. Prior to her presentation to the hospital patient had severe vomiting.

In view of her clinical condition arterial blood gas done to rule out complications of Covid 19. Blood gases suggestive of metabolic acidosis. Urine no growth, however did spik suggestive of ketones and blood ketones were positive. Chest X ray was normal. blood sugars were normal. analysing the clinical and laboratory findings the diagnosis was confirmed as euglycemic ketoacidosis secondary to starvation complicated by covid infection. MDT involving obstetricians, anaesthetist, endocrinologist, Infectious disease team, Physicians to formulate best treatment plan. Keeping with the diagnosis her management involved intravenous fluid, intravenous insulin therapy, electrolyte correction, monitoring of maternal and foetal responses. After 24 hrs of vigorous treatment maternal rectification of metabolic ketoacidosis and correction of electrolyte imbalance was noted.

IS THE CERVICAL ONE STOP ASSESSMENT CLINIC (COSAC) THE WAY OF THE FUTURE?

Rebecca Cole [1], Deirdre Hayes Ryan [2], Matt Hewitt [2], Dara Philpott [2]

1. Department of Obstetrics & Gynaecology, Cork University Maternity Hospital
2. Cork University Maternity Hospital

Abstract

In response to the increase in screen positive referrals to Colposcopy following the change to HPV primary screening in March 2020, a cervical one stop assessment clinic (COSAC) was developed at Cork University Maternity Hospital (CUMH) in 2021. Following the success of 4 pilot clinics, a weekly clinic, facilitating 14 women, was implemented in September 2021. The clinic is staffed by a consultant gynaecologist and a health care assistant with minimal administrative staff.

A retrospective review was conducted to examine the outcomes of the first year of the COSAC service at CUMH.

Data was obtained from the COSAC local register database for women attending the service between September 2021- September 2022. Data collected included: Indication for clinical referral; Presence of risk factors for cervical disease; Findings at time of clinical examination; Need for diagnostic investigations/testing at review; Need for onward referral to other services. Descriptive analysis was performed using Microsoft excel.

Between September 2021 and September 2022, 456 patients were invited to attend the COSAC service. In total, 389 (85%) attended with a 15% failure to attend rate. The majority of patients were between the ages of 30-49 (284, 73.0%) and referred with an abnormal looking cervix from primary care. Most patients were seen and discharged on the same day, with normal or benign cervical findings, without the need for cervical biopsy. Only one patient had Cervical Intraepithelial Neoplasia grade I identified. The average duration from a patient's arrival to discharge was < 12 minutes. See Table 1 for full results.

COSAC clinics ensure sufficient colposcopy capacity for screened positive women while also ensuring that women with cervical gynaecological symptoms have timely access to appropriate care. The service requires minimal staff and resources to operate while being an invaluable service that offers reassurance to women with cervical symptoms. A COSAC service would be a beneficial addition to all gynaecology units nationally.

AN AUDIT OF BOOKING SCANS SINCE THE INTRODUCTION OF MNCMS IN A TERTIARY MATERNITY UNIT

Amy Worrall 1, Fatimah Alaya [2], Fionnuala Maria Breathnach [3], Jennifer Donnelly [2]

1. Obstetrics & Gynaecology, Rotunda Hospital, Ireland ; Our Lady of Lourdes Hospital, Drogheda
2. Obstetrics & Gynaecology, Rotunda Hospital, Ireland
3. Department of Obstetrics and Gynaecology, Royal College of Surgeons in Ireland

Abstract

Objective: The most accurate measure for dating a pregnancy is a combination of LMP and crown-rump-length (CRL) from an early (first trimester) pregnancy scan. Ultrasound gestational age dating in the first trimester has a 95% confidence range of ±5 days, while dating by second trimester ultrasound has a confidence range of ±8 day.

Aim: We re-audited adherence to booking scan policies and compared the institutional dating scan practices before and after introduction of the MNCMS.

Study Design and Methods: A retrospective interval audit of 100 randomly selected dating scans visits was completed. MNCMS electronic medical records (EMRs) were reviewed and any information, modifications or assessments of dating or gestational age were recorded.

Results: 100 EMRs were reviewed, and 98 women attended for their entire pregnancy in the unit. Formal reports of dating scans were not found in 15.1% of EMRs. Prior to their formal dating scan 31% of pregnancies had early pregnancy scans, including a documented CRL completed. The average gestational age at dating scan was 14+2 (range 7+6 - 37+2), above the target dating window. Excluding those with early reassurance scans, those presenting with no recorded LMP, and late bookers the average gestational age booking visit and scan was completed at 14+0. An increase in early pregnancy scans, privately or for reassurance, reduced the impact of delayed dating scans.

Conclusion: Booking visits and booking scans are taking place beyond the recommended window for a booking scan (10 to 13+6), the cause of which is likely multi-factorial including increased bookings, and systematic delays or backlogs in booking visits. The sequelae on pregnancy interventions, specialist referrals and delivery plans can be significant secondary to errors in EDD and warrants care in the clinical setting. Some of this delay is ameliorated by patients attending EPAU or arranging private scans in early pregnancy. The EMR (MNCMS) allows for better tracking and modification to the LMP and EDD, and ensures live up-to-date information for users.

DEFINING OPTIMAL GLYCAEMIC THRESHOLDS FOR ANTENATAL SURVEILLANCE OF GESTATIONAL DIABETES

Suzanne Smyth [1], Catherine Finnegan [2], Patrick Dicker [3], Elizabeth Tully [2], Fionnuala Maria Breathnach [2]

1. Department of Obstetrics and Gynaecology, RCSI Unit, Rotunda Hospital
2. Department of Obstetrics and Gynaecology, Royal College of Surgeons in Ireland
3. Data Science Centre, Royal College of Surgeons in Ireland

Abstract

Guidance on threshold glucose values beyond which treatment intensification for GDM is warranted, is based on provider and consensus opinion due to a lack of high-quality evidence-based trials. We sought to determine the glucose levels above which dietary therapy alone should be considered to be insufficient.

A prospective cohort study of women diagnosed with GDM after 24 weeks' gestation was designed. Fasting and postprandial blood glucose levels were modelled using a random effects model to determine between-subject and within-subject variation. Logistic regression analysis was used to model blood glucose readings in excess of thresholds with pregnancy outcomes and optimal models were selected using the Akaike Information Criterion. Odds-ratios and p-values were reported for the selected best models. Data management and statistical analysis were performed using SAS Version 9.4.

43,703 glycaemic data points were available for analysis from 324 patients whose GDM was managed by dietary and lifestyle therapy alone, comprising 20,931 fasting and 22,772 postprandial readings. For composite perinatal outcome, the optimal criterion for fasting blood glucose was a fasting threshold above 99mg/dL on no more than 10% of occasions (OR=0.67,95% CI=0.94–2.38, p=0.091).

The optimal criterion for postprandial glucose was an upper limit threshold of 137mg/dL exceeded on no more than 30% of occasions, reaching statistical significance (OR=4.94, 95% CI=1.54-15.9, p=0.007). Fasting glucose was associated with induction of labour but not with other clinical outcomes. In contrast, postprandial glucose was associated with induction of labour, preterm delivery, operative vaginal delivery, and adverse perinatal outcome.

Intensification of treatment for GDM with supplemental therapy is justified in patients exceeding a 1-hour postprandial threshold level of 137mg/dL on more than 30% of occasions. We have defined that this threshold may target those at risk of both a composite perinatal outcome and softer clinical outcomes such as operative delivery and neonatal hypoglycaemia.

REPRODUCTIVE OUTCOMES AFTER FIRST-TRIMESTER RECURRENT MISCARRIAGE ARE ASSOCIATED WITH MATERNAL CHARACTERISTICS: A RETROSPECTIVE COHORT STUDY

Laura Linehan, Indra Campillo San Lazaro, Marita Hennessy, Caragh Flannery, Keelin O'Donoghue
INFANT Research Centre, University College Cork, Cork Pregnancy Loss Research Group, UCC

Abstract

Background: Recurrent miscarriage (RM) affects approximately 1% of women. It is a risk factor for subsequent adverse pregnancy outcomes including preterm birth, perinatal death and secondary infertility.

Objectives: We undertook a retrospective cohort study to identify subsequent reproductive outcomes in women with RM, defined as three consecutive first-trimester miscarriages, to examine if maternal characteristics were linked to subsequent outcomes.

Study design and Methods: Women attending a consultant-led RM clinic at a tertiary university hospital in the Republic of Ireland over a 13-year period (2008 - 2020) with a confirmed diagnosis of first-trimester RM were eligible for inclusion. Women with non-consecutive miscarriages or ectopic pregnancy were excluded. Maternal characteristics were gathered from paper and electronic medical records. Data were analysed using SPSS (V27). Associations between maternal characteristics and reproductive outcomes were explored using $\chi 2$ test, (significance; $p<0.05$). Multinomial regression analysis was performed using a stepwise approach.

Findings: 748 women were included; 573 women had a subsequent pregnancy (77%); 359 (63%) had a live birth and 208 (36%) had a further pregnancy loss. Women aged 35-39 were more likely to have a livebirth than no pregnancy (RRR 2.3 (95% CI [1.51, 5.30])). Women aged 30-34 were more likely to have a livebirth (RRR 3.74 (95% CI [1.80, 7.79])) or a miscarriage (RRR 2.3 (95% CI [1.07, 4.96])) than no pregnancy. Smokers were less likely to have a livebirth (RRR 0.37 (95% CI [0.20, 0.69])) or a miscarriage (RRR 0.45 (95% CI [0.22, 0.90])) than no further pregnancy. Women with an abnormal parental karyotype were less likely to have a miscarriage than no further pregnancy (RRR 0.09 (95% CI [0.01, 0.79])).

Conclusions: Our findings are largely reassuring for women with RM hoping to conceive. However, individual risk factors impact greatly on subsequent pregnancy outcomes, highlighting the importance of tailored counselling, especially for women over 40 and those with infertility.

E-CIGARETTE, VAPING AND SMOKING: THE TREND AMONGST THE IRISH PREGNANT POPULATION

Katie Flynn, Nessa Hughes, Stephen Lindow
Coombe Women and Infants University Hospital

Abstract

Background: Cigarette smoking is the primary preventable cause of morbidity and mortality, harming nearly every organ of the human body. New alternative nicotine delivery options including electronic cigarettes and vaping pens are being marketed as 'safer' options.

Objective: The purpose of this study is to determine the trend of the use of these alternative systems amongst the pregnant population in Ireland.

Methods: In a Dublin tertiary maternity hospital, each pregnant patient was asked to self-report on their use of tobacco cigarettes, electronic cigarettes and vaping pens at the time of booking.

Results: This data was obtained from 2018-2022. E-cigarette use in pregnant women is trending downwards since 2018; 3.1% of all pregnant women reported using E-cigarettes in 2018 compared to 0.8% in 2022. However, the use of vaping pens increased from 1.4% in 2018 to 2.1% in 2022. The annual percentage of women using E-cigarettes or vaping pens whilst also smoking tobacco cigarettes has reduced since 2018. Most commonly those who use E-cigarettes or vaping pens in pregnancy are unmarried Irish Caucasian women who are overweight (BMI 25-30) and aged between 29-33 years old.

Conclusion: The use of E-cigarettes at the time of booking has reduced amongst the pregnant population in this Dublin maternity hospital. However the use of vaping pens appears to be on the rise. This study was reliant on women self-reporting their use of these alternative products so response bias should be acknowledged. There is a need for further data on the use of these alternative nicotine delivery systems and their immediate and longterm effects on pregnancy outcomes.

AIR POLLUTION LEVELS OUTSIDE DUBLIN'S MATERNITY HOSPITALS

Katie Flynn [1], Sadhbh Lee [2], Mairead Kennelly [1], Gilles Delauney [3], Michael Turner [1]

1. Coombe Women and Infants University Hospital
2. UCD Centre for Human Reproduction, Coombe Women and Infants Maternity Hospital, Dublin, Ireland
3. Pollutrack SAS

Abstract

Introduction: The World Health Organisation has identified air pollution as the single biggest environmental threat to human health. There is growing evidence in the literature that air pollution is associated with negative outcomes in pregnancy. The purpose of this study was to measure pollution levels in the immediate surroundings of the three Dublin maternity hospitals by measuring fine particulate matter <2.5 micrometers (PM2.5).

Methods: Data pertaining to levels of PM2.5 at the three Dublin maternity hospitals were obtained from Pollutrack's records for the time period June 2021- December 2021. Results were compared to the 2021 WHO Air Quality Guidelines.

Results: Average PM 2.5 levels were 9µg/m³ around the National Maternity Hospital, 10µg/m³ around the Coombe Hospital and 13µg/m³ around the Rotunda Hospital. Levels were higher during the day, weekdays and in December. No matter when the PM2.5 levels were measured, results were higher than those recommended by the World Health Organisation's Air Quality Guideline.

Discussion: Air pollution levels across Ireland's capital city are higher than recommended by the WHO. This is concerning for the public and in particular for the pregnant population. Consequently, further research is required on the relationship between levels of air pollutants and adverse pregnancy outcomes in Dublin.

ENDOMETRIAL RECEPTIVITY ARRAY: PERSONALIZING THE WINDOW OF IMPLANTATION AFTER 2 FAILED FROZEN EMBRYO TRANSFERS

Andrew Downey [1], Rachel Hughes [2], Louise Glover [3], Mary Wingfield [4]

1. Merrion Fertility Clinic & National Maternity Hospital, Dublin
2. Merrion Fertility Clinic. Trinity College Dublin
3. Merrion fertility Clinic/UCD/TCD
4. Merrion Fertility Clinic

Abstract

Background: Endometrial receptivity array (ERA) is used to optimise the timing of embryo transfer in frozen embryo transfer (FET) cycles. The technique uses next generation sequencing to analyse a small sample of endometrium prior to a FET cycle, to determine the precise timing of embryo transfer in an attempt to enhance embryo implantation. Some have shown that 25% of women with recurrent implantation failure (RIF) may have a displaced implantation window. However, the clinical applicability of the ERA is debated.

Since 2020, our clinic has recommended ERA testing in patients who have had ≥2 consecutive failed FET cycles with good or top quality embryos. An initial audit at our clinic indicated improved pregnancy outcomes following transfer time adjustment based on the ERA results.

Objective: To compare FET pregnancy outcomes of our ERA cohort with those of a matched cohort who had not had an ERA test.

Methods: Retrospective audit of all women who had an ERA test performed, between 2020 and 2022. Pregnancy outcomes on the subsequent cycle were compared with those of a matched group who had also had two or more consecutive failed FET cycles without ERA testing.

Results: Study groups comprised 19 patients with ERA and 20 controls. Livebirth rates in the ERA group were markedly higher than in the non-ERA group [53% (n=10) vs 25% (n=5)]. Unsuccessful outcomes in the ERA group vs the non-ERA group were as follows: biochemical miscarriage 5% (1) vs 40% (8), negative pregnancy test 32% (6) vs 30% (6), and miscarriage 10% (2) vs 5% (1). There was no difference in age between cohorts but more of the control group had a previous livebirth (16/20 vs 7/19).

Conclusions: We have shown improved outcomes following ERA testing in a group of patients with RIF. Limitations here include the small cohort, the retrospective approach and the lack of preimplantation genetic embryo testing. After 2+ failed FET cycles with good embryos, most couples seek answers and, in our hands, performance of an ERA seems to be of benefit.

A CASE OF VULVAR CARCINOMA IN PREGNANCY AND THE NOVEL USE OF INDOCYANINE GREEN FOR SENTINEL LYMPH NODE EVALUATION

Kristyn Dunlop , Rachel Murphy, Michael O'Leary
Department of Obstetrics & Gynaecology, University Hospital Galway, Galway, Ireland

Abstract

Vulvar carcinoma is predominantly a disease of post-menopausal women, with only a handful of case reports describing its presence in pregnancy.

This is a case of a 36 year old para 2 with moderately differentiated invasive vulvar squamous cell carcinoma detected during pregnancy.

Due in part to the lack of literature available, treatment options for vulvar carcinoma in pregnancy are not well described. Traditionally, wide local excision along with the use of technicium-99 sentinel lymph node biopsy is employed in post-menopausal cases of vulvar carcinoma.

However, the use of radioisotopes in pregnancy is not advisable. We employed a novel technique of using indocyanine green (ICG) in order to perform sentinel lymph node biopsy at the time of wide local excision at 34 weeks gestation.

ICG is a fluorescent dye with minimal placental transfer, making its use relatively safe in pregnancy. We went on to perform the wide local excision of a 2x1cm lesion on the right labia minora and used ICG to detect sentinel lymph nodes which were removed successfully.

The histology revealed ulcerated moderately differentiated squamous cell carcinoma with benign lymph nodes and clear margins. This case report demonstrates the effective and novel use of ICG for sentinel lymph node biopsy in a rare case of vulvar squamous cell carcinoma in pregnancy.

A CASE OF A BRENNER TUMOUR IN RADIOLOGICAL DISGUISE

Prerna Kamath [1], Rabia Batool [2], Ola Bashir [2], Douglas Gleeson [3], Sasikala Selvamani [2]

1. Junior Registrar in Obstetrics and Gynaecology in Our Lady Of Lourdes Hospital Drogheda
2. Department of Obstetrics and Gynaecology, Our Lady of Lourdes Hospital, Drogheda
3. School of Medicine, NCU Collegium Medicum in Bydgoszcz

Abstract

Brenner tumours are uncommon ovarian epithelial tumours accounting for ~2% of all ovarian neoplasms. They are commonly benign with <10% being borderline or malignant. They are usually found incidentally in the 5th-7th decade of life and occur asymptomatically. Radiologically, they typically lack features of malignancy such as ascites or metastases.

A 53-year-old multiparous, postmenopausal woman, first presented with a 6-month history of intermittent lower abdominal pain and swelling of the abdomen. She had one episode of postmenopausal bleeding. Clinical examination revealed an elevated BMI and a large right adnexal mass. Her blood investigations were all normal, including tumour markers.

Ultrasound imaging of the pelvis showed a 10cm unilocular right ovarian cyst and a thickened endometrium. Histology of an endometrial biopsy showed proliferative endometrium with no evidence of malignancy, dysplasia or hyperplasia.

A subsequent MRI pelvis showed a large 15cm unilocular cystic lesion on the right ovary with no solid elements and minimal thickening of the cyst walls with internal low-level echoes. The radiological impression was that of a simple ovarian cyst.

Due to the symptomatic course of her persistent ovarian cyst, she underwent a total abdominal hysterectomy and bilateral salpingo-oopherectomy, with an uneventful postoperative period and subsequently made a full recovery.

The histology showed a cystic Brenner tumour of the right ovary with non-malignant fluid, with normal uterus, cervix, fallopian tubes and left ovary.

This case is unique in that the MRI findings were unlike that of a Brenner tumour, which typically presents as a solid tumour with cystic components, or largely, a solid mass. Like other Brenner tumours, this mass did have hypointense areas. This case also highlights that while radiology can often diagnose Brenner tumours with some certainty, histology remains the gold standard for diagnosis of such masses.

HOLOPROSENCEPHALY: A DESCRIPTION OF CASES OVER 10 YEARS AT THE NATIONAL MATERNITY HOSPITAL

Rachel O'Keeffe [1], Karen Mulligan [2], Peter McParland [3], Fionnuala McAuliffe [4], Rhona Mahony [3], Stephen Gerald Michael Carroll [3], Siobhan Corcoran [3], Clare O'Connor [5], Jennifer Walsh [3]

1. National Maternity Hospital Holles Street,
2. Dept of Gynaecological Oncology, Mater Misericordiae University Hospital, Dublin, Ireland,
3. UCD School of Medicine, The National Maternity Hospital, Holles Street Dublin 2,
4. UCD Perinatal Research Centre; National Maternity Hospital
5. Department of Obstetrics & Gynaecology, The National Maternity Hospital, Dublin 2

Abstract

Background: Holoprosencephaly (HPE) is a developmental disorder characterised by advanced facial and skull defects. HPE can be separated into three groups according to its severity: alobar, semilobar and lobar type. Chromosomal abnormalities and environmental teratogenic factors have been associated with its development.

Objective: The aim of the study was to describe the demographics and findings in pregnancies complicated by HPE.

Methods: Retrospective review of all HPE cases diagnosed in a tertiary referral centre over a 10-year period (January 2011 to December 2021).

Findings: 26 cases of HPE were identified over the 10-year period. 8 cases were excluded as they did not have full outcome data. There were 18 remaining cases. The median age was 37 years. The median gestational age at diagnosis was 21 weeks. 23% of the women (n=4) were nulliparous and 77%(n=14) were multiparous. 5%(n=1) were smokers. 5%(n=1) had used illicit drugs. Five women had medical co-morbidities. One of these patients was diabetic and another had been taking anti-epileptic drugs. 95%(n=17) had either an amniocentesis or CVS performed; of these 47%(n=8) were positive for Trisomy-13 and 41%(n=7) showed no obvious abnormalities. Half (n=9) of the cases were diagnosed as alobar on ultrasound, 27%(n=5) were semilobar and 23%(n=4) were lobar. Only 27% of patients(n=5) had MRIs performed and these results were consistent with the ultrasound findings. 44% (n=8) of cases had associated facial defects. 67%(n=12) of the pregnancies were terminated once the diagnosis was confirmed.

Conclusions: HPE is a rare but devastating developmental disorder. In our series the majority of cases were found to be alobar, the most severe subtype. 47% of fetuses with HPE that had karyotyping performed had Trisomy-13. These results are similar to those found in the literature. Patients that had MRIs performed had findings consistent with the initial ultrasound results. However, given the rarity and complexity of this disorder more research with large sample sizes is needed as to the value of MRI in HPE.

LAPAROSCOPIC CONSERVATIVE MANAGEMENT OF AN OVARIAN ECTOPIC PREGNANCY: CASE STUDY

Alaa Bou Kalfouni [1], Hossam Abdelhafez [1], Raouf Sallam [2]

1. Obstetrics and Gynecology, Wexford General Hospital, Ireland
2. Obstetrics and Gynecology, Regional Hospital Mullingar, Mullingar, Ireland

Abstract

Ovarian ectopic pregnancy account for up to 3% of all ectopic pregnancies. Management of intraperitoneal bleeding to achieve haemostasis while preserving the ovary is a fundamental challenge to contemporary surgical techniques.

This case, alongside similar ones, demonstrates that cauterisation can be a viable alternative for safe early management of ectopic pregnancy by enabling minimal functional ovarian loss without sacrificing histopathological diagnosis.

This approach highlights that, despite significant developments in the management of ectopic pregnancy, there are still further conservative techniques to be explored that may provide better patient outcomes.

ESTIMATING FETAL WEIGHT IN GASTROSCHISIS: A 10 YEAR AUDIT OF OUTCOMES AT THE NATIONAL MATERNITY HOSPITAL

Rachel O'Keeffe [1], Karen Mulligan [2], Peter McParland [3], Fionnuala McAuliffe [4], Rhona Mahony [3], Stephen Gerald Michael Carroll [3], Siobhan Corcoran [3], Clare O'Connor [5], Jennifer Walsh [3]

1. National Maternity Hospital Holles Street
2. Dept of Gynaecological Oncology, Mater Misericordiae University Hospital, Dublin, Ireland
3. UCD School of Medicine, The National Maternity Hospital, Holles Street Dublin 2
4. UCD Perinatal Research Centre; National Maternity Hospital
5. Department of Obstetrics & Gynaecology, The National Maternity Hospital, Dublin 2

Abstract

Introduction: Gastroschisis is an anterior abdominal wall defect in which the abdominal contents herniate through a defect in the umbilicus. Prevalence of gastroschisis has been increasing worldwide. In the UK the incidence of gastroschisis has increased, especially in younger mothers. Recent studies have shown that conventional methods of estimated fetal weight in fetuses with abdominal wall defects have comparable accuracy to fetuses without abdominal wall defects.

Methods: A retrospective cohort study was performed between the period January 2011 and December 2021 in a tertiary referral maternity hospital identifying all patients with a diagnosis of gastroschisis. We aim to identify whether conventional methods of estimating fetal growth (Hadlock's formula), which relies heavily on abdominal circumference measurements, are accurate in fetuses with gastroschisis. Projected fetal weight was obtained using the formula [EFW (Hadlock's formula) + 185g x (X/7) where X was the number of days to delivery.

Results: 41 cases were identified. The median age was 25. The median BMI was 25. 63% (n=26) were primiparous women. Median gestation at diagnosis was 21 weeks. Median gestation at delivery was 36 weeks. 0.04% of Mothers had a history of drug use (n=2). The rate of maternal tobacco use was 21.9% (n=9). 9% of fetuses had additional congenital anomalies including a herniated stomach, amniotic band syndrome and myelomeningocele.

Estimated fetal weight and birth weight data was available for 28 cases. A Wilcoxon signed-rank test showed projected estimated fetal weight using Hadlock's formula did not result in a statistically significant different birth weight (Z= -0.524, p=0.601). Indeed, median projected weight and actual birth weight were 2406g and 2415g respectively.

Conclusion: Our data shows accuracy using standard formulae for estimated fetal weight in fetuses with gastroschisis.

AN AUDIT ON THROMBOPROPHYLAXIS FOLLOWING POSTPARTUM HAEMORRHAGE IN A TERTIARY LEVEL MATERNITY SETTING

Jasmeet Kumari [1], Claire McCarthy [2]

1. Fellow Mat Med, Rotunda hospital
2. Consultant Obs/Gynae

Abstract

Venous thromboembolic disease is one of the major causes of maternal morbidity and mortality and should be risk assessed at different times during pregnancy and the puerperium. The Thrombocalc application is a bespoke application utilised in the Rotunda hospital to determine the duration of thromboprophylaxis based on a venous thromboembolic risk assessment in the postpartum period. Assessment and inclusion of Post-partum Haemorrhage (PPH) is an important factor to consider, which was acknowledged in a previous audit to be omitted on occasion.

A REVIEW OF SPONTANEOUS PRETERM BIRTH IN PATIENTS WITH CERVICAL CERCLAGE IN SITU

Aisling Redmond [1], Rachel O'Keeffe [2], Larissa Leuthe [2], Siobhan Corcoran [3]

1. Department of Obstetrics and Gynaecology, National Maternity Hospital, Holles Street, Dublin.
2. Maternal Fetal Medicine
3. Department of Maternal Medicine, National Maternity Hospital, Holles Street, Dublin

Abstract

Background / Objective: Cervical Cerclage (CC) reduces spontaneous preterm birth (sPTB) risk. We review characteristics of patients who experienced sPTB (<37weeks gestation) in the presence of CC.

Method: This is a retrospective cohort study of women who underwent CC insertion using vaginal approach, between 2018-2022, examining those with sPTB. Standardised-anonymised data was collected from electronic-healthcare records.

Results (See Results Table): 63 women had CC insertion between 2018-2022. sPTB occurred in 15.8%(n=10), of which 60% had chorioamnionitis. Average gestation of insertion was 14+5 weeks(r = 13-16/40), 20%(n=2) were emergency cerclage at 16-20weeks. PROM occurred on average at 30+2weeks(r = 20+2 to 36+3), with 50%(n=5) over 32weeks gestation. In 60%(n=6) of these, ROM was the initial sign of sPTB. The remaining 40%(n=4) presented with uterine contractions. An average interval to delivery of 4.5days was observed, with average interval of 4.8days in gestations >32weeks, and 2.5days in <32weeks. CC was removed <24hours in 80% of cases, with the remaining two being removed <48hours. In 40%(n=4) of cases, clinical/biochemical signs of chorioamnionitis were apparent. 60%(n=6) had chorioamnionitis confirmed histologically. One third of these cases (n=2) had growth on microbiological culture.

Conclusion: Despite being a small study, strength is demonstrated in complete case follow-up. Literature suggests an inverse relationship between interval to delivery and PROM-gestation, with average latency ~7.5days. This relationship was observed, with a much shorter average interval to delivery from PROM with CC(4.5vs7.5days). This highlights importance of immediate intervention to ensure optimal neonatal outcomes with Magnesium Sulphate infusion and antenatal steroid prophylaxis.

COLLABORATION OF THE CARDIO-OBSTETRIC AXIS; ACCESSING CARE BETWEEN TWO HOSPITALS.

Jasmeet Kumari [1], Claire McCarthy [2], Sara Mohan [3]

1. Fellow Mat Med, Rotunda hospital
2. Consultant Obs/Gynae
3. Mater Misericordiae University Hospital Dublin

Abstract

Owing to the perceived difficulty in obtaining cardiological investigations (such as echocardiography), as well as inconsistencies in requesting patterns, the obstetric-cardiac multidisciplinary team forum aimed to improve referral practices by implementing a change process to improve patient care.

SURGICAL MANAGEMENT OF ENDOMETRIAL CARCINOMA WITH A FOCUS ON THE HIGH BMI PATIENT

Aisling Redmond [1], Karen Mulligan [2], Anna Booth [3], Donal Brennan [4]

1. Department of Obstetrics and Gynaecology, National Maternity Hospital, Holles Street, Dublin.
2. Dept of Gynaecological Oncology, Mater Misericordiae University Hospital, Dublin, Ireland
3. Gynaecological Oncology Group, University College Dublin, Ireland
4. Gynaecology Oncology, Mater Misericordiae Hospital, Dublin

Abstract

Background: 70% of women with endometrial cancer are overweight or obese which increases the risk of peri-operative complications. 90% of patients with endometrial cancer who attend our tertiary gynaecological oncology unit have minimally invasive surgery (laparoscopic or robotic).

Objective: We compare our intraoperative and postoperative adverse event (AE) rate (using the NCI common toxicity criteria classification), rate of conversion to laparotomy and length of hospital stay was compared to current literature (LACE trial, Lap 2 trial and the Dutch TLH trial).

Method: A retrospective review of patients managed surgically for endometrial carcinoma was performed from July 2019 to July 2021.

Results (See Results Table): We identified 135 patients, 83.7% of whom (n=113) underwent total laparoscopic hysterectomy (TLH). Intraoperative complications in TLH group was 4.5% (n=5), and 7.1% (n=2) in the TAH group. Post-operative complication rate in TLH was 6.5% (n=7) and 21.4% (n=6) in TAH. The average length of stay was 2 days in TLH and 7 in TAH. The intraoperative complication rate was 5.1% in those with a BMI <30, 6.7% in patients with a BMI 30-39, and 4% (n=1) in those with a BMI >40. Post-operative complication rate was 3.4% in the BMI <30 group, 11.8% in the BMI 30-39 group and 16% in the BMI >40 group.

Conclusion: We found that our adverse event rate was below the average rate (of the three trials) in TLH (6.7% vs 4.5% intraoperatively and 12.9% vs 6.5% postoperatively). The rate of adverse events in our TAH group was higher than the average rate in the other three trials intra-operatively (7.1% vs 5.6%) and post-operatively (21.4% vs 16.7%). In conclusion there was a significantly higher postoperative complication rate in the high BMI (>39) group (16%) and efforts should be made to identify modifiable risk factors in this patient population

EARLY PREGNANCY IN THE EMERGENCY DEPARTMENT WITH A SPECIAL FOCUS ON ECTOPIC PREGNANCY

Aisling Redmond [1], Anitha Baby [2], Clare O'Connor [1]

1. Department of Obstetrics and Gynaecology, National Maternity Hospital, Holles Street, Dublin.
2. Emergency Department, National Maternity Hospital, Holles Street, Dublin.

Abstract

Background: The development of sensitive and specific urinary human chorionic gonadotropin (hCG) assays allow early pregnancy detection within a few days of implantation1. Consequently, emergency department presentations (ED) <6weeks gestation has increased significantly. These presentations pose an investigative dilemma as intrauterine pregnancies <4+2 cannot be identified on USS, lending to indeterminate diagnoses and protracted management.

Objective: We review early pregnancy presentations <6weeks gestation, their management and outcomes, with a special focus on ectopic pregnancy.

Study Design and Method : This was a retrospective anonymous review over 3 months over 3 consecutive years, from 2020 – 2022. ED attendance record books identified patients presenting <6weeks gestation. Anonymous review of patient electronic records was performed.

Results (See Results table attached): A total of 2687 patients presented to the ED, with 151 patients meeting inclusion criteria. Important features can be seen in Table 1. Serum bHCG was performed in 47% (n = 71) and USS in 80% (n = 122). 9% (n = 13) of patients required admission to hospital. Of the 150 patients, 16 (10.5%) were confirmed ectopic pregnancies (see Table 1). Four of these (25%) were ruptured.

Conclusion: In this review, only 25% had a confirmed IUP (n = 37) leaving three quarters of women with an alternative diagnosis and a requirement for further management. Due to the relatively high rate of ruptured ectopic in this group (2.8%), concise clinical algorithms should be in place to assess all women adequately without dismissal of those deemed too early to be assessed.

LAPAROSCOPIC EGG COLLECTION FOR FERTILITY PRESERVATION IN CERVICAL CANCER - A CASE SERIES

Sarah Kelly [1], Andrew Downey [2], Fiona Martyn [2], Cathy Allen [3], David Crosby [3]

1. Obstetrics & Gynaecology, National Maternity Hospital, Dublin
2. Merrion Fertility Clinic & National Maternity Hospital, Dublin
3. The National Maternity Hospital

Abstract

Fertility preservation is recognised as a key component of quality of life in cancer survivorship. Following chemoradiotherapy for advanced cervical cancer, biological parenthood is only feasible through assisted reproduction and gestational surrogacy. We discuss two patients diagnosed with cervical cancer who underwent laparoscopic egg collection for embryo cryopreservation. We will demonstrate this with a surgical video presentation. Patient consents were obtained for this study.

The first patient was a 30yo lady with stage 3C1 squamous cell cervical carcinoma on a background of cystic fibrosis. Her male partner's genetic CF carrier status was negative. The second patient was a 31yo lady with stage 2B cervical adenocarcinoma. After multidisciplinary team input for both cases, a decision was made to proceed with single cycles of ovarian stimulation, laparoscopic oocyte retrieval due to the presence of cervical carcinoma, embryo creation with intracytoplasmic sperm injection (ISCI), and embryo freezing prior to chemoradiotherapy treatment. These embryos would be stored for future use via surrogates.

Both cases underwent fixed antagonist ovarian stimulation cycles with recombinant FSH/LH and recombinant FSH respectively. Laparoscopic egg collections took place 36 hours after an agonist trigger. Ovarian follicles were drained under direct vision with a 17 Gauge double lumen needle inserted through a 10mm suprapubic port. Flushing medium was used. The ovaries were stabilised with atraumatic graspers inserted through lateral ports. The first patient had 13 oocytes collected, 12 oocytes fertilised, and 5 embryos frozen. The second patient had 5 oocytes collected, 4 oocytes fertilised, and 3 embryos frozen.

Laparoscopic egg retrieval is a relatively uncommon procedure necessitated by the presence of advanced cervical cancer and requires MDT discussion. With advances in treatments for Stage 2-3 cervical cancer and the increasing acceptability/availability of surrogacy, laparoscopic egg collection will need to be an option for more women in the future.

COMPLIANCE WITH VTE RISK FACTOR IDENTIFICATION IN A POSTNATAL POPULATION.

Claire MacBride, Niamh Farrell, Cliodhna Hanley, Lucy McLoughlin, Fiona Lannon, Majda Ali Almshwt, Ream Langhe
Department of Obstetrics and Gynaecology, Midlands Regional Hospital Mullingar

Abstract

Background: Pregnancy associated venous thromboembolism (VTE) accounts for approximately 10% of all VTE in women. MBRRACE reports thrombosis and thromboembolism is the 4th leading cause of mortality in the obstetric population. The peak incidence of pregnancy associated VTE occurs in the postpartum period, specifically in the two weeks following delivery. Identification of women who may benefit from thromboprophylaxis is key to reducing the incidence of VTE in the postpartum period.

Objective: To audit the compliance of VTE risk factor identification postnatally in Regional Hospital Mullingar (RHM).

Study Design and Methods:
A retrospective quantitative study was completed on postnatal patients in RHM in the month May 2022. The charts of these women were reviewed to see if the local VTE tool was used, and if used was anticoagulant subsequently given. Obstetric history and outcomes including parity, mode of delivery, VTE risk factors and use of anticoagulant prophylaxis were recorded.

Findings/ Results: 102 women delivered in RHM during May 2022. Of these patients 34% were nulliparous women and 66% were multiparous women. 43% of these women delivered via Caesarean section, 20% via instrumental delivery and 20% via vaginal delivery. The VTE tool was completed for 91.2% of the patients. 48% patients were given anticoagulant prophylaxis. 38% had a VTE score of 3 or more. Of those 90% received anticoagulant prophylaxis. 74% did not have daily review of VTE score.

Conclusions: To conclude, the compliance in identifying VTE risk factors is satisfactory, however improvements need to be made. 10% of patients requiring VTE prophylaxis failed to receive this and 74% did not have daily VTE score review. Improving compliance with daily VTE score evaluation may further increase anticoagulant prophylaxis in patients that require it. Our recommendations are in line with those of MBRRACE when suggesting the development of a tool to make the current risk assessment system simpler and more reproducible.

A SPONTANEOUS HETEROTROPHIC PREGNANCY IN A PATIENT WITHOUT ANY RELEVANT RISK FACTORS.

Claire MacBride, Niamh Farrell, James Postle, Michael Gannon
Department of Obstetrics and Gynaecology, Midlands Regional Hospital Mullingar

Abstract

Background: Heterotopic pregnancy (HP) is a rare diagnosis where at least two pregnancies are present simultaneously at different implantation sites, one of which is the uterine cavity (1). HP occurs in only 1/30,000 spontaneous pregnancies and provides diagnostic difficulty. It is associated with significant morbidity and mortality for both mother and fetus including hypovolemic shock, fetal loss and maternal mortality (1).

Case presentation: We present a rare case of HP diagnosed at 5+5 weeks. This pregnancy was conceived spontaneously and the woman did not have any relevant risk factors.

A 21-year-old woman P1+1, 5+5 weeks gestation presented to the Emergency Department with severe Right Iliac Fossa pain. No other associated symptoms were reported. A transvaginal ultrasound exam revealed an intrauterine pregnancy and could not out rule the possibility of a right ruptured ectopic pregnancy. Thus HP was suspected. A laparoscopic salpingectomy was performed and histology later confirmed the presence of a HP. The intrauterine pregnancy continued to term and a live male infant was born.

Conclusion: The diagnosis of a HP should not be excluded by the discovery of an intrauterine pregnancy. The occurrence of a spontaneous HP without risk factors is uncommon (2). However practitioners should carry a high index of suspicion in patients presenting with symptoms of an ectopic pregnancy (3). Ultrasound examination of the adnexa during the first trimester can be used to identify or exclude a HP (4).

Treatment involves laparoscopy, with an aim to preserve the intrauterine pregnancy while removing the ectopic pregnancy (2).

Management should be initiated as soon as possible to reduce the risk of maternal mortality and simultaneously increase the number of pregnancies that reach term (2).

EPILEPSY IN PREGNANCY - PATIENT SAFETY CHALLENGES IN CONTEMPORARY PRACTICE

Aaron Ryan, Emma Malone, Nicola Maher
Rotunda Hospital

Abstract

Objective: Pregnant patients with epilepsy are at particularly high risk of maternal and foetal morbidity and mortality, likely in large part due to suboptimal medication prescribing. In our health system a recent tragic case of a double maternal / neonatal death in a woman with epilepsy triggered a quality improvement analysis of our practice in this regard. We analysed the care received by this patient cohort in the Rotunda Hospital.

Study design: A prospectively-maintained database of patients with epilepsy in pregnancy at the Rotunda was interrogated for the 6-month time period of July to December 2021 for metrics of good clinical practice in the obstetric management of epilepsy. This included patient engagement with specialist services, adequacy of pre-conceptional care and anti-epileptic drug (AED) prescribing patterns.

Results: During the 6-month study period, a total of 50 women reported at initial antenatal visit as having a seizure disorder, 26 (52%) of whom had a confirmed diagnosis of epilepsy. 46 of 50 (96%) had complete care provided through a specialist epilepsy in pregnancy service, but only 2/50 (4%) had completed formal pre-conceptional consultation with a neurologist or primary care provider. Amongst the 17 patients using AEDs, a total of 17/24 (70%) had adequate AED prescription completed and in place to cover the peripartum period. However, appropriate recording of self-administered AEDs during the peripartum period was confirmed in the hospital electronic healthcare record system in only 13/24 (54%) of cases.

Conclusion: While it is reassuring to confirm specialist engagement with services for the majority of patients with epilepsy, our study demonstrates significant room for improvement. Given the significant risk of under-medication for these patients in the peripartum period, inadequacy of documentation of AED medication poses a serious risk to the health and safety of these patients. Our study calls for significant additional investment in pre-conceptional and antenatal care systems to minimise this risk.

AN AUDIT OF MATERNITY HOSPITAL DISCHARGE LETTERS TO PRIMARY HEALTHCARE PROVIDERS

Sarah Kelly [1], Jouveria Aslam [2], Nagaveni Yuddandi [2]

1. Obstetrics & Gynaecology, National Maternity Hospital, Dublin
2. Obstetrics & Gynaecology, Maternity Department, St. Luke's General Hospital

Abstract

Effective communication between primary and secondary healthcare services is essential in patient safety. Clinical discharge summaries generated at the end of an inpatient stay must be accurate, timely, relevant and complete. Our aim was to assess the quality of discharge letters sent to primary healthcare providers after maternity inpatient stays in St Luke's General Hospital, Kilkenny (SLGH), against a national standard for discharge summaries set out by the Irish Health Information and Quality Authority (HIQA).

A retrospective study of 30 discharge letters was conducted between 1 February to 31 March 2022, including random selection of 10 spontaneous vaginal deliveries, 10 instrumental deliveries and 10 caesarean sections.

Two discharge letter formats were observed. Firstly, a discharge checklist format for both mother and baby which contains a summary of discharge information and advice given by the discharging midwife. A second discharge summary was completed by a doctor if a patient had an instrumental delivery or a caesarean section. A copy of one or both of these letters was sent to a patient's GP on discharge. All of the letters were handwritten. Recommended headings that were found to be absent in the clinical narrative of all discharge summaries included: pertinent clinical information, diagnoses, operations/procedures, allergies, adverse events, hospital course, relevant treatment, infection control status, recommendations and future plan, and GP action requests. 30% identified date of admission, 50% stated date of discharge. 66% stated the type of delivery. 33% stated medication on discharge. 0% stated if any medication was withheld or stopped. 27% stated additional diagnoses in a further information heading. 0% included antenatal risk factors or co-morbidities.

Current maternity discharge letters at SLGH are often illegible and incomplete, negatively impacting patient safety. We recommend a move to online discharge summaries with a comprehensive template containing pertinent information set out by HIQA standards.

OBSTETRIC RECTAL BUTTONHOLE TEARS: A CASE SERIES AND LITERATURE REVIEW

Elizabeth Tunney [1], Bobby O'Leary [2], Fergal Malone [3], Michael Geary [4]

1. Department of Gynaecology, Rotunda Hospital, Dublin.
2. The National Maternity Hospital
3. Department of Obstetrics,Rotunda Hospital,Dublin. RCSI in Ireland, Rotunda Hospital, Dublin.
4. Obstetrics & Gynaecology, Rotunda Hospital, Ireland

Abstract

Introduction: Isolated rectal buttonhole tears are a rare obstetric complication and so there is a lack of consensus for their management. This case series reviews the published literature on obstetric rectal buttonhole injuries and provides further cases from our institution.

Objective: Sustaining a buttonhole tear during vaginal delivery is rare however the potential for long-term ano-rectal morbidity to patients is significant. The existing literature details a variance of repair techniques and their incidence is likely underreported. In this paper, we aim to report and critically analyse the repair of rectal buttonhole tears occurring during childbirth and add to the literature by highlighting the necessary components of a successful repair.

Methods: A literature review was carried out. All results were reviewed. Rectal buttonhole tears following vaginal delivery between April 2012 and May 2022 in our institution were identified. Repair technique and post-operative management were recorded.

Results: There were 14 published case reports (eight instrumental deliveries, two vaginal breech and four normal vaginal deliveries). Seven case reports described a two-layer closure and Seven reports described a three-layer closure. Four cases were repaired in collaboration with colorectal surgeons. Twelve cases were asymptomatic after 6 weeks. One patient had a defunctioning stoma constructed due to a breakdown of the recto-vaginal fistula repair. One patient was re-admitted with a rectal haemorrhage requiring transfusion. We identified two of our own patients with buttonhole tears who both had an operative vaginal delivery. Repairs were performed by or under the supervision of a consultant obstetrician in three layers. Both patients made an uneventful recovery

Conclusion: Repair techniques of rectal buttonhole tears vary among institutions. Despite this variance, most women suffer no short-term morbidity following these injuries. This review adds to the current literature with examples of different repair techniques and outcomes.

CONTEMPORARY RISK FACTORS FOR FAILED OPERATIVE VAGINAL DELIVERY

Icchya Gyawali [1], Grace Madigan [2], Bobby O'Leary [3], Michael, Geary [1]
1. Obstetrics and Gynaecology, Rotunda Hospital, Dublin
2. Department of Obstetrics and Gynaecology, Rotunda Hospital, Dublin 1.
3. The National Maternity Hospital

Abstract

Operative vaginal delivery (OVD) refers to a delivery in which the operator uses forceps or a vacuum device to extract the fetus from the vagina, with or without the assistance of maternal effort. Between 5-20% of infants are delivered by OVD in developed countries[1], with a failure rate of approximately 5% [2]. This study aimed to identify risk factors for failure of OVD and to compare maternal and fetal outcomes between successful and failed OVD.

This was a cross-sectional study of all women who underwent an attempted or successful operative vaginal delivery of a liveborn, singleton infant weighing more than 500g, 37 weeks gestation or greater (Robson groups 1 – 5) in in the Rotunda Hospital between 1 January, 2018 and 31 December, 2021.

There were 29,686 deliveries in the study period, of which 18.4% had an attempted operative vaginal delivery. Overall, 4.2% of OVDs were unsuccessful. Women who had an unsuccessful OVD had less epidurals, and were more likely to have been induced and to have required oxytocin in labour. Babies were heavier in the unsuccessful group. Furthermore, there was a higher proportion of forceps and sequential deliveries in the unsuccessful group.

Operative vaginal delivery fails in 4% of attempts. Forceps appear to fail more commonly than vacuum in our institution, but this is likely operator and site-specific. Epidural anaesthesia seems protective, while induction of labour and use of oxytocin are risk factors for failed OVD. These, however, may be reflective of an underlying unsuccessful labour and so predicting the failed OVD remains a significant clinical challenge for the contemporary obstetrician.

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THE BIRTH OF BENIGN CERVICAL GYNAECOLOGY CLINIC

Icchya Gyawali, Vicky O'Dwyer
Obstetrics and Gynaecology, Rotunda Hospital, Dublin

Abstract

Benign cervical gynaecology clinic was setup in July 2020 when clinical referrals to colposcopy had increased in the last couple of years. These referrals accounted for a fifth of the workload in colposcopy but would have been suitable for review in gynaecology clinic. In this audit, we looked at how many patients were reviewed, their clinical findings, what percentage was referred to colposcopy from clinic and how many cervical cancer diagnosis was given in this clinic.

This was a retrospective audit carried out between 1st July 2021 to 31st December 2021. Any patient who attended benign cervical gynaecology clinic with symptoms associated with cervical pathology or suspicious cervix referred by their general practitioner. Patients charted were reviewed via MNCMS.

Fifty- one patients were identified attending this clinic between July 1st 2021 to December 31st 2021. 92.2% (n=47) had an up to date cervical smear at the time of review in clinic. 9.8% (n=5) were HPV positive. On clinical examination, approximately half of them (47.1%) had a cervical ectropian, a quarter of them (23.5%) had a cervical polyp. 9.8% (n=5) were referred to colposcopy. None of the patients reviewed in clinic was suspicious for cervical cancer or had histology confirming same.

In conclusion, it is an efficient service for woman who have normal cervical smear result with “suspicious cervix”. Patient information in regards to up to date cervical smear, HPV status and cervical ectropian is paramount as this would cause huge anxiety when being referred with a suspicious cervix.

AUDIT OF PPROM MANAGEMENT AND OUTPATIENT MANAGEMENT

Sowmya Mayigaiah, Ita Shanahan
Rotunda Hospital

Abstract

Background: PPROM refers to rupture of fetal membranes prior to 37 weeks of gestation, without commencement of spontaneous labour(NICE 2015).PPROM complicates % of pregnancies causing significant neonatal morbidity and mortality. The interval between PPROM and onset of labour is influenced by many factor including gestational age. There are key recommendations in the IOG/Hospital guideline including Diagnosis, Investigations, initial and ongoing management, including Induction process and mode of delivery for women with PPROM.

Objective: An audit of this patient population was done in early 2019.Since then there have been some changes in the Rotunda antibiotic protocol. The other significant change is the introduction of Outpatient management of PPROM through DAU. The aim of this audit was to ensure compliance with overall clinical management guideline of PPROM and to to assess the outpatient management of women with PPROM.

Design & Methods: Data was collected by Retrospective review of charts of all patients with PPROM(24weeks to 36+6 weeks gestation) presenting to the Rotunda hospital ED and subsequently managed Inpatient/Day care from Jan 2019-Jan 2021 using a predefined proforma. Results were analysed using Excel.

Findings/Results: This audit revealed excellent compliance with diagnosis, investigations and antibiotic prescribing as per national and hospital guidelines. Initial and basic blood work, swabs and MSU Culture and sensitivity compliance is excellent. The initial and ongoing management demonstrates good number of patients of around 48 % being managed as Outpatient through DAU after initial inpatient stay of atleast 72hours and met the criteria as per RCPI/RCOG/hospital guideline. This reveals good standard and continuity of care provision for these women. Improvements are to be made in ensuring the women with PPROM between 24- 34+6 weeks receive antenatal steroids.

Conclusion: Women deemed suitable for OPD management must have clear follow up plan and be made aware of signs and symptoms of infection or reduced Fetal movements and to return immediately.

THE USE OF METHOTREXATE (MTX) IN THE MANAGEMENT OF ECTOPIC PREGNANCIES

Róisín Gryson [1], Icchya Gyawali [1], Sharon Cooley [2]
1. Obstetrics and Gynaecology, Rotunda Hospital, Dublin
2. Consultant obstetrician and Gynecologist

Abstract

Methotrexate (MTX) is a safe and effective treatment for ectopic pregnancy (EP). The RCOG states it is as effective as having a surgical treatment for EP. Success rates for single dose of MTX in tubal ectopic pregnancy range from 65-95%, with 3-27% needing a second dose1,2. This audit was undertaken to evaluate how many patients received MTX for the treatment of suspected ectopic pregnancy, success rate following a single dose, and whether patients were appropriately selected for treatment.

This was a retrospective audit carried out between 1st January 2021 to 31st December 2021. Any patient who received MTX for suspected ectopic pregnancy in this time period was included in the audit. This was further identified using the pharmacy logbook of all the MTX that was dispensed. Chart review was performed, including a review of ultrasound and blood tests.

Sixty one patients were identified having received MTX between 1st January and 31St December 2021. Of the 61 patients, 9.8% (n=6) required a second dose of MTX. 3.1% (n=8) required further laparoscopy from the sixty-one patients. 96.7% (n=59) had U&Es, LFTs and FBC done prior to administration of MTX. All of the women had departmental scans prior to administration of the drug. 63.9% (n=39) had adnexal mass visible on scan.

The success rate of single dose MTX in treating suspected ectopic pregnancy was 77% (n=47). This study showed that MTX is a safe option for patients who do not have high serum bHCG levels or adnexal mass >35mm. These appear to be important prognostic factors in determining if treatment with MTX is successful.

References:

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SHINING A LIGHT ON RECURRENT PREGNANCY LOSS

Jill Mitchell [1], Sarah Cullen [2], Aoife McEvoy [1], Cathy Allen [1], David Crosby [1]

1. The National Maternity Hospital
2. Department of Reproductive Medicine, National Maternity Hospital, University College Dublin

Abstract

Background: Recurrent pregnancy loss (RPL) is defined as 3 consecutive pregnancy losses prior to 20 weeks from the last menstrual period, it affects approximately 1% to 2% of women.

Objective: This study aims to elucidate the possible causative agents of RPL.

Methods: Retrospective analysis of a consecutive cohort of women undergoing investigation for RPL in a tertiary referral centre over a seven year period (August 2014 -December 2021). Analysis was done using chi-square models. Pregnancy outcome was defined as livebirth or further pregnancy loss.

Results: Of the 488 women included in this review, 65.2% (n=318) conceived again. Of these, 69.4% (n=221) achieved a livebirth and 27% (n=86) suffered a further pregnancy loss. Pregnancy outcome was unknown in 3.6% (n=11) . An abnormal pelvic ultrasound (p=0.04) and an abnormal parental karyotype (p=0.04) increased the likelihood of further miscarriage. Abnormalities on pelvic ultrasound included fibroids, polyps, adenomyosis, congenital uterine anomalies and polycystic ovaries. Age (p=0.13), serum AMH level (0.72), previous live birth (p=0.72), abnormal cytogenetics (p=0.14), positive acquired thrombophilia screen (p=0.13), spontaneous conception (p=0.37), time to conception (p-0.11) or thyroid dysfunction (p=0.37) did not influence pregnancy outcomes.

Conclusion: These contemporaneous data indicate that livebirth rates are high among those who conceive again following investigations for RPL. Abnormal pelvic ultrasound and abnormal parental karyotype were associated with increased rates of miscarriage. This highlights the need for a multidisciplinary approach to the management of RPL, involving a reproductive surgery and genetics service. History of acquired thrombophilia and thyroid dysfunction were not associated with further pregnancy loss but this is likely due to implementation of medical treatment.

ERYTHEMA NODUSUM IN PREGNANCY AS A CONSEQUENCE OF CAMPYLOBACTER INFECTION–A CASE REPORT

Sowmya Mayigaiah [1], Tushar Utekar [1], Sharon Cooley [2]

1. Registrar Obs and Gyne,Rotunda Hospital
2. Consultant obstetrician and Gynecologist

Abstract

Introduction: Erythema Nodusum following Campylobacter Gastroenteritis is a rare entity in pregnancy. We present one such case of a 35yr old P1 lady of 4+5 weeks of gestation, presented with 3 day history of watery diarrhoea and widespread itchy rash all over the body after consumption of sushi.She was adequately treated with I/v fluids and appropriate antibiotics. The patient had successful treatment with azithromycin and made complete recovery over 2 weeks.

Case Report: A 35yr old P1 lady of 4+5 weeks of gestation presented with 3 day history of watery diarrhea and widespread, Itchy rash all over the body. She had lower abdominal cramping pain mainly on the left side and occasional nausea. She had 8-10 episodes of greenish, watery, foul smelling diarrhoea. On presentation she was severely dehydrated with dry mucous membranes. Blood Pressure was 100/60mm Hg. Abdomen was generally tender in and around the umbilicus region and Left iliac fossa. The rash was diffuse, ill defined, erythematous present all over the abdomen, back and both upper and lower limbs(Pic 1). Her LFT's were slightly deranged & 3+ Ketonuria. Transvaginal Ultrasound revealed thickened Endometrium, normal adnexa and ovaries. BHcg was 488.Blood and urine cultures were negative.Stool culture –campylobacter species was isolated, but was negative for clostridium, cryptosporidium, Giardia, salmonella, shigella, adeno & enterovirus. She received adequate fluid resuscitation and I/v antibiotics-Cefotaxime and Gentamycin. As the stool culture report became available ,Oral azithromycin was commenced as per advice from Microbiology team and thorough explaination to patient about the diagnosis, risks, treatment options & side effects.

Conclusion: The most important treatment is maintainence of proper hydration and electrolyte balance. Because of severe consequences and adverse outcome following campylobacter infection, treatment should be done with antibiotics. Macrolides are the antibiotics of choice, azithromycin & erythromycin are used commonly. Preventive measures are likely to have the greatest impact.

A ONE-YEAR REVIEW OF ANTI-RO/LA AUTOANTIBODY TESTING IN AN OBSTETRIC POPULATION

Elizabeth Tunney [1], Clare Crowley [2], Claire McCarthy [3], Etaoin Kent [4]

1. Department of Gynaecology, Rotunda Hospital, Dublin.
2. Department of Obstetrics, Rotunda Hospital, Dublin.
3. Consultant Obs/Gynae
4. OBS/GYN, Rotunda Hospital

Abstract

Background: Maternal anti-Ro/SSA and anti-La/SSB autoantibodies are associated with congenital heart block and neonatal lupus. To date, there is limited evidence evaluating testing patterns of these autoantibodies in pregnant women.

Objective: We aimed to evaluate current anti-Ro and anti-La autoantibody testing patterns with respect to clinical indications and neonatal outcomes.

Methods: In this retrospective study patients who underwent autoantibody testing during their pregnancy from 1st January 2021 to 31st December 2021 were included. Necessary information was obtained from electronic healthcare records.

Results: In total 47 patients underwent autoantibody testing, with 11 (23.4%) positive results. The mean time to process tests was five days. 30 women (71%) studied had a connective tissue disorder, with Rheumatoid Arthritis being the most frequent indication for testing (16 women, 34%). In those with positive autoantibodies, there was one miscarriage. Two infants were diagnosed with congenital heart block and had pacemakers inserted after delivery.

Conclusion: This study found anti-Ro/La autoantibody tests were appropriately ordered in accordance with clinical guidelines. By identifying patients who were autoantibody negative, economic benefits were gained, in terms of antenatal management including reduced frequency of antenatal visits and fetal heart surveillance.

TRANSITION TO CLINICAL PRACTICE: EXPERIENCES OF GRADUATE MEDICAL STUDENTS COMPARED TO UNDERGRADUATE

Abdullah Alkanderi
UCD School of Medicine, NMH

Abstract

This study was supposed to help us understand which group had the easier transition to the clinical setting. Identifying which group had the easier transition is critical because this transitional phase is supposed to be a turning point in medical students journey, in which the students will be responsible for their own learning unlike the preclinical environment. Initially, we aimed to identify which transition is easier in order to adopt the methods that lead to them having an easier transition and try to see if they can be implemented on a larger scale. However, later on, none of this was applicable anymore due to the fact that no hypothesis regarding which group had an easier transition was able to be formulated. The lack of hypothesis was due to the fact that most of the reviewed literature only compared academic performances as well as preclinical environment, leading to the fact that future research might be able to answer the question.

AN OBSCURED THIRD DEGREE TEAR: A CASE REPORT

Amy Worrall [1], Bobby O'Leary [2], Fadi-Tamas Salameh [3]

1. Obstetrics & Gynaecology, Rotunda Hospital, Ireland ; Our Lady of Lourdes Hospital, Drogheda
2. The National Maternity Hospital
3. Obstetrics & Gynaecology, Rotunda Hospital, Ireland

Abstract

Objective: Obstetric Anal Sphincter Injury (OASI) at time of parturition in the absence of concurrent injury to the perineal skin is not a frequently reported or clinically experienced perineal injury. Atypical OASI have been reported previously, though this specific injury identified has never been described before in the literature.

Aim: We present a case report of an atypical presentation of a third degree perineal injury, and raise awareness of need to fully examine all women who have vaginal deliveries

Study Design and Methods: A retrospective review of the patient's electronic medical record was completed, and a literature review was conducted. Images were taken with patient consent, and full written consent was received for educational, research and publication purposes.

Results: A 40-year-old primiparous woman had a scheduled induction of labour and subsequently delivered a healthy male infant (2.4kg) by spontaneous vaginal delivery. At time of delivery a compound presentation of fetal hand with fetal head was noted. During initial examination of a presumed second degree tear with intact perineal skin, a small laceration above the anal verge was noted (Figure 1). On exploration of the peri-anal laceration revealed an obscured perineal injury through the anal sphincter complex. In the operating theatre, the perineal skin was taken down revealing a complete 3c degree perineal tear, and it was repaired in routine fashion.

Conclusion: An awareness of atypical perineal injuries is needed, and careful perineal examination is required including when perineal skin is intact. The importance of a thorough investigation Those practicing in the obstetric care of pregnant people should have an awareness of atypical tears, and receive interval training and education on examining the post-partum perineum, and diagnosing perineal injuries.

CFTR MODULATORS CAUSING OLIGOHYDRAMNIOS IN PREGNANCY, A CASE REPORT.

Aisling Redmond [1], Benedetta Soldati [2], Edward McCone [3], Mary Frances Higgins [4], Fionnuala McAuliffe [5], Siobhan Corcoran [6]

1. Department of Obstetrics and Gynaecology, National Maternity Hospital, Holles Street, Dublin.
2. Department of Pharmacology, National Maternity Hospital, Holles Street, Dublin, Ireland
3. Department of Respiratory Medicine, St. Vincent's University Hospital, Elm Park, Dublin
4. Associate Professor, University College Dublin. The National Maternity Hospital, Holles Street
5. Department of Maternal Fetal Medicine, National Maternity Hospital, Holles Street, Dublin
6. Department of Maternal Medicine, National Maternity Hospital, Holles Street, Dublin

Abstract

Introduction: CFTR modulators have improved prognosis of those with Cystic Fibrosis, enabling an increasing number of women with CF to have children. Safety of CFTR modulator use in pregnancy is relatively unknown1, with limited data available. We describe Kaftrio/Kalydeco (Ivacaftor, tezacaftor, elexacaftor) use in a pregnancy complicated by unexplained oligohydramnios and abnormal umbilical artery Dopplers.

Case report: A 30 year old primiparous woman with CF established on Kaftrio/Kalydeco who became pregnant spontaneously. At pre-pregnancy counselling and booking, she had good lung function with baseline FEV1 = 2.60 (85% predicted) with CF associated pancreatic insufficiency, DIOS and GORD. She had history of LLETZ, with normal cervical length confirmed at 12/40. Lung function remained stable antenatally. She was diagnosed with uncomplicated COVID infection at 21/40 and diet controlled gestational diabetes at 24/40. At 32/40, growth scan demonstrated oligohydramnios, DVP = 2.4cm, with otherwise normal growth, anatomy and dopplers. PPROM could not be outruled given a positive amnisure, however there was contact bleeding at time of test. Patient completed antenatal steroid prophylaxis and erythromycin antibiotic prophylaxis. On day 3 of admission nil further PV loss and negative amnisure confirmed no SROM. USS at 33+5 demonstrated persistent oligohydramnios, increased umbilical artery resistance and breech presentation. Inpatient management was recommended with regular CTGs and twice weekly dopplers. Elective caesarean section was performed at 36/40 with procedure being complicated by a 2cm midline extension. Delivery of a healthy baby boy was otherwise uncomplicated. Post-operative recovery was uneventful and patient was followed up in Maternal Medicine clinic 6 weeks postnatally.

Discussion and conclusion: With 90% of women with CF being eligible for ELX/TEZ/IVA by FDA approval3, and with the limited data of CFTR modulators in pregnancy, it is important to report outcomes of pregnancies on these breakthrough therapies.

THE SUSPICIOUS CERVIX CLINIC: WHO AND WHAT ARE WE SEEING

Ciara McArdle, Myra Fitzpatrick
The National Maternity Hospital, Holles Street, Dublin 2

Abstract

Background: Since the 2018 CervicalCheck controversy in Ireland, referrals to colposcopy clinics for the clinically suspicious cervix have increased. Combined with the change to primary HPV screening, there has been growing demand for colposcopy services resulting in longer wait times. The National Women and Infants Health Programme (NWIHP) and CervicalCheck have implemented new guidelines recommending referral of patients with a 'suspicious cervix', inter-menstrual bleeding (IMB) or post-coital bleeding (PCB) to a gynaecology service, rather than colposcopy. The National Maternity Hospital (NMH) set up a cervical review clinic in March 2021, led by a trained colposcopist, which accepted these referrals.

Objective: To identify reason for referral, clinical findings and outcomes of women referred to the cervical review clinic.

Study Design: This was a retrospective review of all women who attended the clinic from March-August 2021. Clinical data was collected from electronic files

Findings: Over the 6-month period, 157 women were seen. Indications for referral were; suspicious cervix (62%), IMB (13.1%), PCB (15%) and polyp (9.9%). Mean waiting time was 32.3 days (SD:14.9). Mean age was 38.83 years (SD: 8.7). 90.4%(n=142) of women had an up-to date cervical screening test on review. In those with results, 83.47% (n= 101) were HPV negative and 14% (n= 17) were HPV positive. In those with HPV positive smears, cytology was normal in 64.7% (n=11) and abnormal in 35.3% (n=6). 25% (n=39) of women had no clinical findings on examination. Almost all pathology identified was benign, with cervical ectropion most seen in 38%. 87.7% (n=136) were discharged to their GP. 9% (n=14) were referred for colposcopy. CIN was confirmed in four women and invasive cervical carcinoma in two women.

Conclusions: Women with a clinically suspicious cervix should be assessed in a rapid access clinic. A gynaecology clinic rather than colposcopy is an appropriate setting to review these women, as most have no pathology and do not require a colposcopy assessment.

REFLECTIONS ON THE ENTOG EXCHANGE 2022

Joan Lennon
Department of Obstetrics and Gynaecology; Our Lady of Lourdes Drogheda

Abstract

This is a report from the ENTOG exchange to Norway. During my visit to Bodo, a town similar in size to Drogheda, I saw how care may be affected by geography and large catchment areas. The most important insights I gained, and those which I believe deserve to be shared, are in regard to how other European countries provide training for obstetricians and gynaecologists. Ireland is not in step with our EU neighbours and if we wish to address matters of retention and recruitment in a meaningful manner, we need to understand the differences. In doing this, we can understand the strengths of our training and areas in which we could do better.

UTERINE RUPTURE IN A PRIMIPAROUS WOMAN, A CASE REPORT

Aisling Redmond [1], Maebh Horan [2], Fionnuala McAuliffe [3], Siobhan Corcoran [3], Mary Frances Higgins [4]

1. Department of Obstetrics and Gynaecology, National Maternity Hospital, Holles Street, Dublin.
2. Merrion Fertility Clinic
3. Department of Maternal Fetal Medicine, National Maternity Hospital, Holles Street, Dublin
4. Associate Professor, University College Dublin. The National Maternity Hospital, Holles Street

Abstract

We report an unusual case of uterine rupture in a non-labouring primiparous woman with no previous risk factors.

A 40yo primiparous woman underwent labour induction at 40+5 weeks gestation for IVF and advanced maternal age. She conceived by single embryo transfer with donor oocyte, and had an uneventful antenatal course. Antenatal ultrasound scans demonstrated a posterior upper placenta, and a small fundal intramural fibroid. For induction, she received 2mg Prostaglandin gel and pre/post- prostin fetal monitoring by cardiotocograph (CTG) was reassuring. As per protocol, obstetric reassessment was completed six hours later and pre-reassessment CTG was overall reassuring. The patient reported mild irregular pains. Artificial rupture of membranes (ARM) was performed with clear liquor draining. CTG following ARM was reassuring.

Approximately 20 minutes following ARM, a prolonged deceleration to 60bpm without recovery was noted and the patient was distressed by severe upper abdominal pain. Liquor was clear. Emergency caesarean section under general anaesthesia was performed due to persistent non-reassuring CTG. Intraoperatively, significant haemoperitoneum was noted. A live male infant was delivered cephalic via lower transverse uterine incision, after which a 12cm fundal rupture with an extrauterine placenta was found. With non-significant bleeding from the fundus, the lower uterine segment was closed for haemostasis, followed by three layer closure of the fundal rupture. Both mother and neonate made an excellent post operative recovery. Placental histology demonstrated no abnormalities.

At debrief, the patient reported that her only previous surgery was an uncomplicated hysteroscopic scissor resection of a 10% arcuate fundus, followed by out-patient hysteroscopy and curettage of 4mm lateral wall polyp as part of fertility work up. Clarification with the performing surgeon confirmed the uterine cavity had not been breached.

This case demonstrates the incredibly rare but serious obstetric emergency of spontaneous complete uterine rupture

LAPAROSCOPIC MANAGEMENT OF LARGE OVARIAN CYST

Fatma AlSayegh, Fatimah Alaya, Albulena Dervari, Hassan Faiez Rajab
Gynaecology Department. Beaumont Hospital. Dublin 9. Ireland

Abstract

Laparoscopy has been the standard approach for the management of ovarian cysts. However, laparoscopic management of large ovarian cysts that exceeds 10 cm is a challenging procedure as surgeons should avoid intraperitoneal rupture and spillage of cyst content. Conventionally, laparotomy has been the standard approach for the management of large ovarian cysts. Here, we present a case of 42 cm ovarian cyst that was managed successfully by laparoscopy.

Case Report: A healthy 30-year-old woman was referred to the gynecology clinic at a tertiary Dublin unit, with a large pelvic mass and abdominal discomfort. Initial evaluation included MRI scan and tumor markers. The MRI scan revealed a 18 x 28 x 42 cm abdominopelvic cyst arising from the left ovary with no malignant features. Tumor markers, including LDH, AFP, Ca 125 and Ca 19-9 were all within normal limits. After careful consideration of the case and review of MRI images, laparoscopic approach was decided.

The patient had a successful laparoscopic left Salpingo-Oopherectomy carried out after drainage of 23 L of clear fluid from the cyst under laparoscopic guidance with no intra-peritoneal spillage. The histopathology result confirmed benign serous cystadenoma. The patient had an uncomplicated postoperative recovery and was discharged home on the same day.

In conclusion, laparoscopic management of large ovarian cysts can be safely considered in selected cases. There is still no consensus on size limitation when it comes to laparoscopic approach of large ovarian cysts. Nevertheless, upon careful selection by experienced surgeons, a laparoscopic approach can be considered. This provides enhanced patient outcomes including reduced post-operative pain, a faster post-operative recovery period and return to normal day-to-day activity. Additionally, laparoscopic techniques facilitate a shorter hospital stay and reduced costings.

USING SERUM PROGESTERONE TO PREDICT A SPONTANEOUSLY RESOLVING PREGNANCY OF UNKNOWN LOCATION

Sarah O'Riordan [1], Olukayode Charles Adeyemi [2], Damian Lally [2], Philip Clarke[2], Clare O'Connor[3]

1. The National Maternity Hospital, Holles street, Dublin 2
2. Biochemistry Laboratory Department, The National Maternity Hospital, Dublin 2
3. Department of Obstetrics & Gynaecology, The National Maternity Hospital, Dublin 2

Abstract

Background: The National Maternity Hospital(NMH) manages pregnancy of unknown location (PUL) in accordance with NICE guidelines, whereby a serum hCG-ratio >1.63 is considered an intrauterine pregnancy (IUP), a ratio <0.5 is considered a failed PUL (FPUL), and a PUL with a hCG ratio between these values requires prompt review for possible ectopic pregnancy (EP). Serial measurement of hCG as a single biomarker requires FPULs to remain in follow up, resulting in unnecessary strain on hospital resources. Low serum progesterone has been shown to be highly predictive of failing pregnancy. Previous studies have recommended against routine follow-up for PUL if the initial progesterone level is ≤10nmol/L. Measurement of progesterone at time of first hCG has potential to reduce the need for follow-up without compromising patient safety.

Objective: To determine whether a serum progesterone threshold of ≤10nmol/L can effectively triage low risk PULs in our unit.

Method: An observational study was conducted over a 6-month period (Mar 2022- Aug 2022) of patients presenting to ED and EPAU in NMH with PUL. Serum progesterone was measured at the time of first hCG. Clinical diagnostic outcomes were defined as low-risk (IUP and FPUL) and high-risk (EP and persisting PUL). RESULTS: Forty-nine women consented to participate, of which 81.6% (n=40) were eligible for inclusion. 60%(n=24) were given a final diagnosis of FPUL. The median progesterone at 0hr in this group was 3.69nmol/L(1.97-18.97). 22.5%(n=9) were confirmed as IUP, with a median 0hr progesterone of 65.44nmol/L(57.4-76.42). 17.5%(n=7) were given a final diagnosis of high-risk PUL with a median 0hr progesterone of 33.44nmol/L(7.42-37.75).

Conclusion: Using the threshold of a progesterone ≤10nmol/L to identify FPUL, three cases of high-risk PUL were incorrectly classified as FPUL in our cohort. Despite this, measuring progesterone at first visit can help clinicians to assess the risk of early pregnancy complications. Further work is required to ensure safety netting is in place for those labelled as FPUL to avoid misdiagnosis

COMPARING AMBULATORY HYSTEROSCOPY TO TRADITIONAL INPATIENT DAY CASE HYSTEROSCOPY FOR POSTMENOPAUSAL BLEEDING

Elizabeth Tunney [1], Naomi Burke [2]

1. Department of Gynaecology, Rotunda Hospital, Dublin.
2. Connolly Hospital Blanchardstown

Abstract

Introduction: Postmenopausal bleeding (PMB) represents one of the most common reasons for referral to gynaecological services with 5-10% of women ultimately being diagnosed with endometrial cancer . Efficient and timely access for assessment is key in managing women with PMB. Women with PMB can access these services directly via an ambulatory hysteroscopy (AH) service or through a traditional pathway and inpatient day care procedure (IDCP).

Objective: The objective of this study is to analyse the two pathways of care available to women with PMB. Our primary outcome was adherence with the National Women and Infants Health Programme (NWIHP) guidance.

Methods: This study was carried out between June and August 2021. All women with PMB who had an IDCP or AH were included. This study had local REC approval. Several databases were interrogated including IPIMS and MNCMS. Administrative, clinical and demographic characteristics collected included: date of referral, date of assessment, age, BMI, medical co-morbidities, ultrasound data, hysteroscopic findings and histological diagnosis. Data was analysed using Microsoft Excel and Microsoft statistical software.

Results: In this study there were a total of 102 patients with PMB analysed, with 60 (58.8%) who attended AH and 42 (41.2%) who had an IDCP. The main results are demonstrated in Figure 1. A total of 3 patients (2.9%) had a cancer or atypical hyperplasia diagnosis.

Conclusion: Ambulatory hysteroscopy is superior to traditional pathways in terms of providing an efficient assessment and diagnosis of postmenopausal bleeding. Service providers should ensure every women with PMB can access assessment via ambulatory hysteroscopy services.

THE IMPACT OF AN OUTPATIENT WORD CATHETER PROGRAMME FOR BARTHOLIN'S CYSTS AND ABSCESSES

Amy Worrall [1], Fatimah Alaya [2], Naomi Burke [3], Michael Geary [2], Fadi-Tamas Salameh [2]

1. Obstetrics & Gynaecology, Rotunda Hospital, Ireland ; Our Lady of Lourdes Hospital, Drogheda
2. Obstetrics & Gynaecology, Rotunda Hospital, Ireland
3. Connolly Hospital Blanchardstown

Abstract

Objective: Bartholin's cysts and Bartholin's abscesses are a common gynaecological pathology, with a 2% lifetime risk. Traditionally marsupialization or gland excision are treatment, but these require admission, theatre slots and general anaesthetic. The use of word catheters in an outpatient setting is commonly used in many units, and was introduced in our unit in 2018 as part of a clinical innovation initiative.

Aim: We present a retrospective clinical and financial review of management of patients presenting with Bartholin's cysts and abscesses, and the impact of the introduction of an outpatient word catheter programme.

Study Design: A retrospective review of all Bartholin's cysts and abscesses that presented to the Rotunda Hospital between June 2017-June 2022 were reviewed. Medical records were reviewed and data collated from presentation, treatment, outcome and follow-up management. A financial analysis was completed to assess impact of the programme on hospital practice. Ethical approval was received for this study.

Results: A total of 408 presentations of Bartholin's cysts or abscesses were reviewed over a period of five years (2017-2022). The mean age of women was 33.7 (range 15-68). 12.7% (n=56) of cases before programme introduction were reviewed, and 87.3% (n=356) cases after programme introduction. Financial analysis of the overheads and clinical cost of inpatient vs outpatient management revealed substantial savings per presentation (~€2500 per patient). The programme prevented patient admission, reduced exposure to general anaesthesia and provided immediate treatment and relief to patients.

Conclusion: The outpatient word catheter programme for Bartholin's cysts and abscesses provides a useful diversion of emergency department attendees for outpatient care, avoiding admissions, use of theatre slots, reducing GOPD attendances. The service remains an important and affordable service provision in the Rotunda Hospital providing immediate, cost-effective and clinically significant care to our patient cohort.

LOW DOSE ASPIRIN IN THE PREVENTION OF PRE-ECLAMPSIA- A QUALITY IMPROVEMENT PROJECT IN WEXFORD HOSPITAL (WGH)

Ita Shanahan, Alice O'Neill, Elizabeth Dunn, Sarah McDonnell
Wexford General Hospital

Abstract

PET affects 5-8% of pregnancies and has many maternofetal complications. NICE recommends screening for risk of PET and commencing aspirin 75-150mg daily from 12 weeks until delivery in the at-risk cohort. In WGH, booking is scheduled for 18 weeks upwards, potentially missing a window of opportunity for aspirin.

This audit aims to assess compliance with NG133 in aspirin commencement prior to 12 weeks in women with 1 high risk factor or more than 1 moderate risk factor. 100 randomly selected postnatal charts from Jan-April 2022 were reviewed. Risk factors for PET, aspirin use and pregnancy outcome were assessed. Anonymized data was analysed in Excel.

Results: 6 (6%) women had 1 high risk factor and 34 (34%) had 2 or more moderate risk factors, meaning 40% were suitable for aspirin. Of these 40, only 9 were prescribed aspirin. The most common moderate risk factors were BMI and primiparity.

Group On aspirin (n=9)
On concurrent Innohep: 44.5% (4)
Dose: 75-150mg Aspirin
Complications from aspirin: 0% (0)
Average gestation commenced: 17 weeks (range 10-25 weeks), all stopped by 36/40
Mean gestation at delivery 40+4 (range 38+0- 41+4)
PET/PIH: 0% (0)
PTB 0% (0)

Group NOT on aspirin (n=31)
On concurrent Innohep: 9.7% (3)
Mean gestation at delivery: 38+6 (range 32+1-41+4)
PET: 3.23% (1)
PIH: 25.85% (8)
Delivered due to PET/PIH 16.1% (5)
Preterm birth: 3.23% (1)

In conclusion, 40% of patients were suitable for aspirin but only 9% received it. There were clear differences between groups in terms of hypertensive disease, preterm birth and earlier delivery. None of the aspirin group developed hypertensive disease and 29.08% of the non-aspirin group went on to develop PET/PIH. Family history of PET was poorly captured. An earlier booking visit at 12 weeks was initiated to capture at-risk patients at the optimal gestation to commence aspirin. An algorithm was developed to prompt recognition of those who require aspirin and staff education was undertaken. It is planned to re-audit this subject in 1 year.

LOOKS CAN BE DECEIVING: A CASE REPORT ON A MISDIAGNOSED 31CM OVARIAN CYST

Albulena Dervari, Fatma Alsayegh, Fatimah Alaya, Hassan Faiez Rajab
Gynaecology Dept. Beaumont Hospital, Dublin 9, Ireland

Abstract

Here we present the case of a 31 year old female with a 31cm large ovarian cyst which was managed successfully by laparotomy. Average age at diagnosis of atypical proliferative mucinous tumor or borderline tumor is 40-49 years. Signs and symptoms are often non-specific and secondary to the space occupying lesion including abdominal or pelvic fullness, pain or a palpable mass.

Case report: A healthy 31 year old female presented to Beaumont ED with ongoing abdominal distention and PV loss for 2 months, following an US pelvis carried out in a private unit which showed an initial 22cm right ovarian cyst. The patient was evaluated with an MRI pelvis with contrast and tumor markers. MRI showed a 31 cm complex right cystic ovarian neoplasm with solid enhancing components possibly representing a mucinous cystadenoma or serous cystadenoma as well as small volume of free fluid in the pelvis, though no definitive evidence of metastatic disease. Tumor markers including CEA and AFP were withing normal limits, while CA19-9, CA12-5 and LDH were slightly raised. Taking into account the patients age, MRI scan, and tumor markers, the decision was made to perform a midline laparotomy in our facility with right salpingo-oophorectomy, appendectomy, omental biopsy and peritoneal washout.

The patient underwent a successful midline laparotomy right salpingo-oophorectomy and appendectomy with omental biopsy and peritoneal washout following intact cyst removal through the incision. The patient had a smooth postoperative recovery and was discharged home on day 6 post-op.

Conclusion:

The misdiagnosis of large ovarian cyst is a common occurrence. Premenopausal women are a vulnerable cohort due to repeated mislabeling including high BMI and IBS among others. Assessment requires full history and a gynecology focused examination at primary care level to avoid delays in appropriate gynecology referral and management.

MATERNAL TRANSFERS BETWEEN OBSTETRIC UNITS- AN AUDIT OF PATIENT OUTCOMES

Ita Shanahan
Wexford General Hospital

Abstract

In utero and ex utero transfer is an essential part of obstetric practice. It can be deemed necessary for a variety of reasons, including neonatal gestational thresholds, specialist maternal care, specialist postnatal care, bed capacity or staffing issues. A UK study (2016) stated that 25% of patients remained undelivered 96 hours post transfer. To avoid transfer, which is clearly a source of stress and anxiety for parents, the rationale for transfer should be clear.

This was a retrospective analysis of case notes of women who were transferred from Wexford General Hospital to other units from 01/01/21 to 30/06/21 analyzing rationale for transfer and patient outcomes.

There was 11 transfers within a 6 month period. 2 of these transfers (18.2%) were postnatal transfers as lodgers. 2 (18.2%) were for medical reasons, namely an extensive DVT and cauda equina. 4 women were transferred due to IUGR for fetal surveillance (36.4%). 1 woman was transferred due to HTN (9.1%). 1 transfer was due to PPROM (9.1%). 1 woman was transferred with TPTL (9.1%) The average gestation at transfer was 28+ weeks (range 21+5-33+2). The mean age of the woman was 33 and mean BMI was 25. Parity ranged between 0-4. The consultant was aware of every transfer. 4 transfers (36.4%) were to Waterford, 4 transfers (36.4%) were to NMH. There was 1 transfer to each MMUH, Coombe and Rotunda (9.1% each) Of those transferred out, 4 returned to the care of WGH (36.4%) and 5 (45.5%) were delivered in other obstetric units.

Of the in utero transfers out, 45.5% were delivered within 96 hours within other obstetric units. This rate is higher than the background UK rate and therefore, implies that transfers out were justified. This transfers were all authorised by a consultant, which is an essential component of tof this decision making process. 18.2% of transfers were due to medical reasons. As the obstetric population becomes more complex, this number may increase in the future. Covid did not seem to be directly implicated in reasons for transfer.

WOMEN WITH A HISTORY OF GESTATIONAL DIABETES: SCREENING, RECURRENCE AND CLINICAL OUTCOMES

Ciara McArdle, Sarah O'Riordan, Jennifer Walsh
The National Maternity Hospital, Holles street, Dublin 2

Abstract

Background: Gestational diabetes mellitus (GDM) is defined as glucose intolerance with onset or first detection in pregnancy. It is a condition that is associated with adverse obstetric and perinatal outcomes. Irish guidelines recommend women with a history of GDM are referred at booking for combined diabetes/obstetric antenatal care. We have recently changed our local guideline in the National Maternity Hospital (NMH) and now women with a history of GDM are screened for GDM at booking and 24-28 weeks rather than self-monitoring of blood glucose from booking.

Objective: Determine the recurrence rate of GDM and examine perinatal and obstetric outcomes in women with a previous pregnancy complicated by GDM.

Study design/Methods: This was a retrospective cohort study. We identified patients from a list all GCTs performed over a 9-week period. Using electronic files, we collected clinical data.

Results: There was a total of 391 GCTs performed. 5% (n=20) of these women had a previous pregnancy complicated by GDM. 5 women were diagnosed with GDM at booking and 5 women were then diagnosed with GDM at 24-28 weeks, giving an early recurrence rate of 25% (n=5) and overall recurrence of 50% (n=10). In women without a GDM diagnosis, there were no adverse neonatal or obstetric outcomes identified and the mean birthweight (BW) was 3571g (SD: 503g). Of women with a diagnosis of recurrent GDM; one had an intrauterine death at 15 weeks, two deliveries were complicated by post-partum haemorrhage, one infant had mild transient tachypnoea of the newborn. The mean BW was 3737g (SD: 502g).

Conclusion: Women with a history of GDM accounted for 5% of women undergoing screening for GDM and GDM recurrence rate was 50%. In women without a diagnosis of recurrent GDM there were no adverse obstetric or neonatal outcomes identified. As five women were diagnosed at booking; it highlights the importance of screening women with a history of GDM at booking as this will detect women with early GDM or possibly T2DM, allowing early intervention to decrease adverse outcomes.

CASE REPORT: A RARE CASE OF STRUMAL CARCINOID

Orla Keenan [1], Siúan Mannion [1], Bobby O'Leary [2], Katharine Astbury [1]
1. University Hospital Galway
2. The National Maternity Hospital

Abstract

Background: Struma ovarii is a rare form of ovarian germ cell tumour. Though typically associated with benign aetiology, 8-10% of presentations are malignant.(1) They are composed of at least 50% thyroid tissue (2) and in the case of malignant disease contain histological features of thyroid cancer.(3) Due to its rarity there exists a lack of consensus on optimal treatment of malignant struma ovarii.(4)

Case presentation: A 32-year-old nulliparous woman who attended ED one a month history of worsening abdominal distension, alternating bowel habit, nausea and early satiety. An MRI of her pelvis showed a 12.4 x 9.6 x 10.3cm solid/cystic lesion likely arising from her left ovary with ascites, omental caking and potential serosal bowel metastases. Two separate US-guided biopsies of the omentum revealed normal thyroid tissue. The woman had an elevated serum thyroglobulin, though she remained clinically euthyroid and TSH levels were normal. Given the woman's wishes for childbearing, a diagnostic laparoscopy was performed to further characterise the cyst. Following multidisciplinary discussion with a tertiary-referral gynaecological oncology unit, a decision was made for left sided salpingo-oophorectomy, omentectomy, and peritoneal biopsy. Histology of the surgical specimens showed features in keeping with strumal carcinoid, confined to the ovary without high grade or papillary features.

Discussion: First described in 1966, strumal carcinoid is a rare ovarian germ-cell tumour(5). Strumal carcinoid tumours typically arise from teratomas and consist of thyroid tissue and carcinoid, though they tend not to cause significant thyroid dysfunction or carcinoid syndrome. Strumal carcinoid is nearly always benign, and treatment by unilateral salpingo-oophorectomy is usually effective(6). Malignant forms exist, though given their rarity, there is no consensus on treatment. Diagnosis of strumal carcinoid remains a challenge and this case underpins the importance of a multidisciplinary approach prior to embarking on surgical intervention in these complex cases.

OVARIAN VEIN THROMBOSIS: A RARE CAUSE OF ABDOMINAL PAIN: CASE REPORT

Irum Farooq [1], Claire Thompson [2]
1. National Maternity Hospital
2. The Mater Hospital, Dublin

Abstract

Introduction: Abdominal pain is a common clinical condition presenting to the emergency department. The possibility of wide differential diagnosis particularly in female patients makes it more challenging. Ovarian vein thrombosis (OVT) is one of the uncommon differentials requiring rapid recognition & treatment to avoid serious complications or even death. Ovarian vein thrombosis (OVT), if not diagnosed or treated early, can be complicated by sepsis and pulmonary embolism in 25% of the cases, which increase the mortality rate up to 4%. We report a case of bilateral OVT in a 26-year-old woman who presented with abdominal pain.

Case Presentation: We report a 26-year-old healthy female, post normal vaginal delivery 8 months prior to presentation. She presented with lower abdominal pain with no other symptoms. She was vitally stable. Abdominal & pelvic examinations revealed lower abdomen tenderness with guarding. Laboratory investigations were within normal. Computed tomography (CT) scan confirmed the presence of a bilateral renal vein thrombus. Therefore, the diagnosis of OVT was made and she was started on anticoagulation.

Discussion: OVT is a rare, life-threatening condition occurring mainly during the post-partum period (0.18% post vaginal delivery). Diagnosing ovarian vein thrombosis can be challenging because of the overlapping presentation with other differentials. A high index of suspicion should be kept in females presenting with abdominal pain. Standard guidelines for managing OVT are lacking. Howerever treatment with broad spectrum antibiotics and anticoagulant is recommended.

Conclusion: Although OVT is a rare condition occurring mainly in post-partum women, it should be kept in mind as a differential diagnosis for patients with sudden abdominal pain. Abdominal Doppler ultrasound ,contrasted CT and MRA are the main diagnostic investigations. The mainstay of treatment is the conservative approach by using antibiotics (if indicated) and anticoagulants.

CRYING OUT OVER SPILT MILK: QUANTIFYING FORMULA MILK WASTE IN A LARGE IRISH MATERNITY HOSPITAL

Maura Hannon [1], Eileen O'Leary [2], Veronica Daly [1], Cathy Burke [1]

1. Department of Obstetrics and Gynaecology, Cork University Maternity Hospital, Cork, Ireland
2. Centre for Clean Technology, Munster Technological University, Cork, Ireland

Abstract

Background: Every day pre-made infant formula bottles are supplied to mothers for newborn infant feeding in Cork University Maternity Hospital (CUMH). Infant formula is an ultra-processed food. Formula milk use has a large environmental impact from production, transport, storage, and disposal of both plastic and food waste.

Objective: The aim of our study was to quantify daily and yearly formula milk waste, and average volumes of formula milk waste per bottle used in a large Irish maternity hospital.

Study Design and Methods: We counted the number of 70ml and 90ml formula milk bottles used in postnatal and neonatal wards in CUMH during a single week. The volume of milk remaining in each bottle was measured to calculate both the volume of milk waste per bottle, and the total volume of milk discarded from the hospital on a daily basis. Extrapolation of these numbers was performed to give an estimate of total yearly formula milk waste in CUMH.

Findings: A total of 777 milk bottles were used in CUMH during the 5 day study period. Average formula waste was 40% per bottle. Forty per cent of the 70ml bottles still contained more than half their original volume of formula milk at the time of collection, with 10% containing greater than 70% of their original volume. An average of 4.7L of infant formula was discarded each day. Extrapolated figures estimate that 1,716L of formula milk are discarded per year in CUMH. This is equivalent to 24,507 full 70ml formula milk bottles being discarded every year. The formula milk waste alone accounts for a carbon footprint of up to 25 tonnes CO2 equivalent emissions.

Conclusions: The use of pre-made 70ml and 90ml formula milk bottles is associated with significant environmental and economic waste in CUMH every year. Our study highlighted the substantial amounts of formula milk discarded every day, both as a total volume and per single bottle used. Provision of a smaller volume pre-made infant formula bottle would reduce both milk and plastic waste, and decrease the environmental impact of infant formula milk use in CUMH.

OBSTETRIC ANAL SPHINCTER INJURY; THE OUTCOME

Anthony Sheppard [1], Tamara Kalisse [2], Deirdre Hayes Ryan [2]

1. Obstetrics and Gynaecology, Cork University Maternity Hospital, Cork
2. Cork University Maternity Hospital

Abstract

Background: Obstetric anal sphincter injury (OASI) is disruption to the anal sphincter complex as a result of trauma sustained from a vaginal delivery. The majority of women who sustain an OASI that is identified and correctly repaired are asymptomatic at 12 months however a small proportion may continue to experience flatal and faecal incontinence that negatively impacts on quality of life. In February 2022 a dedicated Perineal Clinic was re-established at CUMH to facilitate review of women that had sustained an OASI during previous vaginal delivery. The clinic is equipped with endoanal manometry, endoanal ultrasound and staffed by an experienced Consultant.

Objective: Identify how many women were reviewed in the Perineal Clinic in the first eight months the service was available and the indication for review. Identify incidence of deficiencies in anal sphincter function through manometry or ultrasound in women post OASI. Identify incidence of symptoms of flatal or faecal incontinence in women post OASI and need for further intervention

Methods: This was a retrospective audit carried out in September 2022. The population chosen was any woman who had undergone review in the Perineal Clinic in CUMH from 14th February 2022 to 14th September 2022 inclusive ResultsDuring the timeframe examined, 27 perineal clinics were conducted and 162 women with a previous OASI reviewed. The majority were referred from CUMH, nulliparous and aged between 25 to 35 years at the time of the OASI. A little over half the women delivered by spontaneous vaginal delivery and 71% had a baby weighing between 3 to 4Kg. Subjectively questioned on anal incontinence 43% disclosed no symptoms while a further 49.5% reported mild symptoms. Objective assessment of anal function through use of endoanal manometry identified a resting pressure < 20mmHg in 10% and a squeeze pressure < 50mmHg in 36.5% . Anal sphincter integrity assessed using endoanal ultrasound highlighted 80% had an intact internal sphincter while 86% had an intact external anal sphincter.

EMERGENCY HYSTERECTOMY FOR LARGE VOLUME HAEMOPERITONEUM AS A RESULT OF A RUPTURED FIBROID – A CASE REPORT

Patricia O'Dwyer, Conor Harrity
The Rotunda Hospital, Dublin

Abstract

Uterine fibroids are the most common benign tumor of the uterus in women1. Common complications are pelvic pain, menorrhagia and subfertility. Less common complications include degeneration, transformation to leiomyosarcoma and rupture. There are approximately 125 cases reported in the literature of intra-abdominal hemorrhage as a result of fibroid rupture 2.

We present an unusual case of large volume haemoperitoneum as a result of a ruptured fibroid. Consent was obtained from the patient for publication of the case with images for education purposes.

A 45 year old presented to a tertiary hospital with syncope and abdominal pain that was present for 24 hours. Initial assessment showed tachycardia, hypotension and apyrexia. Examination revealed pallor and a surgically acute abdomen. Routine bloodwork showed anemia with normal inflammatory markers. Imaging initially with ultrasonography of the pelvis showed a multifibroid uterus. Later, computerized tomography (CT) of the abdomen and pelvis showed moderate to large volume hemoperitoneum surrounding the uterus concerning for fibroid rupture or rupture of superficial vessels surrounding the fibroid. This was later confirmed as the source of bleeding on CT angiography.

Emergency laparoscopy was performed and subsequently converted to an open hysterectomy to control the source of bleeding. The procedure was successful and the patient had a straightforward postoperative course. Histopathological examination revealed a benign fibroid with central necrosis. It is important to consider fibroid rupture as a cause for hemodynamic instability and abdominal pain in a premenopausal woman with a history of fibroids.

1.Baird DD, Dunson DB, Hill MC, et al. High cumulative incidence of uterine leiomyoma in black and white women: ultrasound evidence. AJOG 2003;188:100-7
2.Intra-abdominal haemorrhage from uterine fibroids: a systematic review of the literature. BMC Surgery 20(1):70, 15th April 2020.

OVARIAN TORSION – UNSUSPECTING CAUSE OF ABDOMINAL PAIN IN THE PAEDIATRIC POPULATION

Niamh Farrell, Claire MacBride, Majda Ali Almshwt
Department of Obstetrics and Gynaecology, Midlands Regional Hospital Mullingar

Abstract

Background: Ovarian torsion, a known surgical emergency, is an uncommon cause of abdominal pain in the paediatric population, accounting for just 15% of all cases. Torsion typically occurs where adnexal pathology is present such as cystic teratomas, and follicular or haemorrhagic cysts. If untreated, torsion can lead to ovarian infarction and necrosis, with disruption to function.

Case report: This is the case of a 6-year-old girl with ovarian torsion, which led to infarction. HK presented to the Emergency Department with a 2-day history of vomiting and diffuse abdominal pain. Pain presented suddenly in the periumbilical area and was associated with a history of constipation. On exam there was right iliac fossa (RIF) rebound tenderness without guarding. She was vitally stable, afebrile and had a normal lactate. Differential diagnosis included appendicitis or mesenteric adenitis.

HK was brought for laparoscopy, with a plan to perform an appendicectomy. However intra-operatively the appendix was found to be normal. Instead, surgical findings including free fluid in the pelvis and a necrotic, adnexal mass measuring 5x6cm, for which gynaecology were consulted.

HK underwent conversion to laparotomy and the adnexal mass, thought to be the left ovary and fallopian tube was removed and sent to histology. HK was well post-operatively and has an uncomplicated post-operative course before discharge home on day 3.

Histology showed haemorrhagic infarction with tubal oedema and inflammation. Features were consistent with infarction of the ovary and haemorrhage. There was no evidence of malignancy and no cyst identified.

Conclusion

Ovarian torsion is a rare diagnosis in the paediatric population. It poses diagnostic difficulty, as may present with vague symptoms which mimic more common conditions in this population such as acute appendicitis. Imaging modalities such as ultrasound may play a diagnostic role. Timely diagnosis and management of ovarian torsion is of the utmost importance given that loss of ovarian function may affect a woman's fertility in the future.

CHANGING TRENDS IN CAESAREAN SECTIO RATE IN IRELANDS 4 LARGEST MATERNITY HOSPITALS 2016-2020: WHICH GROUPS ACCOUNT FOR THE RISING SECTION RATE?

Charles Leahy [1], Joye McKernan [1], Richard Anthony Greene [3]

1. Cork University Maternity Hospital
2. UCC, CUMH
3. UCC, CUMH, NPEC

Abstract

Background: Caesarean section rates have risen in Ireland over the last 15 years. Despite this, rates of perinatal mortality have increased since 2018 The Robson Ten Group system has been developed in the National Maternity Hospital to audit the Caesarean rate.

Methods: Robson Ten Group data were compiled from Ireland's four largest maternity hospitals from 2016 to 2020 to evaluate which groups contributed most to this rising rate. The trends were then analysed using linear regression for statistical significance. Results: The overall Caesarean rate in the ten groups showed no significant change. Instead, the increasing rate can be accounted for by the groups that mothers now fall into. In term cephalic nulliparous patients, there was a clear trend toward pre-labour caesarean section or induction of labour. It cannot be identified from this study if the changes are driven by pre-labour caesarean section or induction of labour.

Conclusions: Increasing ates of caesarean section are being driven by the increasing proportion of patients in the Robson 2 and 5 groups without a reduction in the caesarean section rates within these groups. In the Robson 2 group it is not clear if this trend is due to pre-labour caesareans or increasing rates of induction of labour. Further research is needed to identify the reasons for increasing rates of intervention in term cephalic nulliparous patients (robson1/2)

AN AUDIT OF THE MANAGEMENT OF GESTATIONAL TROPHOBLASTIC DISEASE IN THE ROTUNDA HOSPITAL

Patricia O'Dwyer, Dr Karen Flood
The Rotunda Hospital, Dublin

Abstract

Gestational trophoblastic disease (GTD), while rare, has malignant potential. Early diagnosis and appropriate surveillance of GTD can prevent gestational trophoblastic neoplasia (GTN) and improve outcomes for women.

This audit monitors adherence to the national clinical guideline on the management of gestational trophoblastic disease, within the Rotunda Hospital.

This audit was based on National Clinical Guideline 13: Diagnosis, staging and treatment of gestational trophoblastic disease. Key recommendations include:

- Histology report available within 14 days
- Referral to the National centre for disease surveillance and monitoring[1].

A retrospective chart review was completed for all histologically confirmed molar pregnancies in the year 2021Data collected included insurance status (public/ semi-private/ private), type of molar pregnancy, interval from evacuation to histology report and referral to the National GTD centre in Cork.

Findings of the Study: A total of 18 molar pregnancies were identified by the pathology department in 2021. Overall, there was 82% compliance with the recommendation for registration with the National GTD centre in Cork. There was 100% compliance in registration of public patients. All histology was available within the designated 14-day interval

Current practices within the Rotunda closely adhere to the national guideline on the management of molar pregnancies. This allows early referral of patients to the national GTD centre for ongoing surveillance.

Reference

1.NCEC National Clinical Guideline No. 13 (Nov 2015). Diagnosis, staging and treatment of patients with gestational trophoblastic disease.

MATERNAL SEPSIS RESULTING FROM PLACENTAL ABSCESS

Anne-Marie Dromey, Charles Leahy, Noirin Russell
Cork University Maternity Hospital

Abstract

Maternal pyrexia can have a wide range of causes. When presenting in isolation, a wide differential is considered including pyeloneophritis, SARS-CoV2 infection, and chorioamnionitis. Placental abscess formation is a rare but serious cause of maternal pyrexia. When a patient presents with high unstable temperatures a source of abscess must be considered. Prompt consideration of this aetiology must be suspect in these rare incidences.

We present an usual case of a 38 year old multiparous woman who presented to CUMH at 35 weeks and 3 days gestation with a two week history of pyrexia, myalgia, fatigue, and rigors. This was preceded by a previous presentation to the emergency department 20 days prior with a 10 day history of diarrhoea. Foetal monitoring suggested a healthy foetus at time of presentation. E. coli was cultured from blood cultures taken on admission. She was treated empirically with broad spectrum antibiotics. The following day, after spontaneous rupture of membranes, she had her labour augmented. She had an uncomplicated vaginal delivery of a 2.3kg live female infant with normal apgars. The neonate was transferred to neonatal intensive care and was treated empirically with antibiotics. Pathological examination of the placenta revealed several abscesses, the largest measuring 5cm and E. coli was cultured from swabs of the placenta. Both mother and baby had an uncomplicated postnatal course.

As the membranes were intact and there was no evidence of the typical vertical route of infection, it was unclear what the initial source of this e.coli infection was. The patient was reviewed by microbiology who suggested the source of infection may be as a result of the gastroenteritis that the patient was diagnosed with proceeding her presentation in the emergency department. The theorised route of infection was via a transient bacteremia from which the infection was seeded in the placenta. This would represent a novel outcome following a gastrointestinal illness.

THE IMPORTANCE OF MATERNAL MEDICINE MULTIDISCIPLINARY CARE

Sara Mohan [1], Jasmeet Kumari [2], Jennifer Hastings [1], Patrick Thornton [2], Katie Murphy [1], Fiona Walsh [2], Lisa Carroll [2], Maria Kennelly [2], Claire McCarthy [2], Jennifer Donnelly [2]

1. Mater Misericordiae University Hospital Dublin
2. Rotunda Hospital

Abstract

Cardiac disease is a leading cause of maternal morbidity and mortality, and can often present for the first time in pregnancy. 1 We describe a presentation of acute heart failure managed by the multi-disciplinary team (MDT). A previously healthy 43 year old woman in her 4th pregnancy presented to a general hospital at 27+2 with gradual onset shortness of breath. Echocardiography demonstrated a dilated left ventricle with reduced ejection fraction of 10-15%. She was transferred to a tertiary unit which has extracorporeal membrane oxygenation (ECMO) if required.

An MDT of cardiology, obstetrics, obstetric anaesthesia, intensive care medicine, neonatology, cardiothoracic surgery and midwifery/nursing was held. Following medical stabilisation and fetal assessment, a caesarean section (CS) under general anaesthesia was planned. At 28+5 weeks gestation, a healthy female infant was born and transferred by Neonatal Transport Team to the Neonatal Intensive Care Unit (NICU) in the closest maternity hospital.

Due to maternal decompensation following birth, an intra-aortic balloon pump was placed and she was transferred to intensive care. This was removed day 2 post-operatively, and she continued her recovery in the Cardiac Care Unit (CCU) for 2 weeks. Cardiac magnetic resonance imaging was consistent with a pre-existing dilated cardiomyopathy. Guideline directed medical therapy was instigated and an Implantable Cardioverter Defibrillator was placed due to non-sustained ventricular arrhythmias.

With lactation support, she expressed breastmilk for her preterm infant. Mental health and social work support was provided, and long-acting contraception was discussed. Follow-up with cardiology and maternal medicine continues.

No unit in Ireland has onsite availability of all required specialties for management of cases such as this so multidisciplinary teamwork and cross site collaboration is essential in order to successfully manage complex cardiology cases in pregnancy

1.MBRRACE-UK Saving Lives, Improving Mothers' Care – Lessons learned to inform maternity care from

COLPOCLEISIS- A CASE SERIES TO ASSESS PATIENT SATISFACTION AND QUALITY OF LIFE

Sumaira Tariq, Mr Kevin Hickey
Department Of Gynaecology, University Hospital Limerick, Limerick

Abstract

Background: Pelvic organ prolapse (POP) is when one or more of the organs in the pelvis slip down from their normal position and bulge into the vagina.The prevalence of POP is around 40%, and due to the aging of the population globally,the prevalence is likely to increase.The choice of treatment for POP depends on the severity of prolapse and symptoms along with the patient's health and activity.Colpocleisis is a surgical treatment for POP that results in complete vaginal obliteration.

Objective: The aim of this case series was to investigate the impact of Colpocleisis operation on patient's satisfaction and post-operative subjective outcomes.

Study Design and Methods: This case series includes 6 patients who had Colpocleisis performed at the University Hospital Limerick in April 2022 to August 2022. All patients were assessed at the 6 week post-operative check-up appointment followed by a telephone consultation assessing satisfaction with the procedure and improvement in quality of life.

Surgical method: Excising a horseshoe of skin at the vaginal entrance and then bringing together the entrance with vicryl and deep maxon sutures to the perineal muscle providing a shelf at the entrance.

Results: Patients age range was 61-78 years old. All had significant medical morbidities.5 of them underwent Colpocleisis under spinal anesthesia and 1 under general anesthesia.At the 6 week follow up appointment and at the telephone consultation all of the patients reported feeling well, no pain or discomfort,no issues with micturition and bowel movement.They all reported being very comfortable, relieved completely of the pressure sensation and marked improvement in the tolerance of physical activity and quality of life.

Conclusions: In frail elderly or medically compromised patients with advanced POP who do not wish to preserve coital ability,Colpocleisis is a safe and effective surgical technique with a high subjective satisfaction rate.It is less morbid surgery compared to extensive vaginal repairs.Therefore,this technique needs to be more readily offered and available.

MANAGING PREGNANCY WITH CONN SYNDROME

Hifsa Sial [1], Nikhil Purandare [2]
1. Obstetrics and Gynaecology Department, University Hospital Galway
2. Galway University Hospital, Galway

Abstract

Primary aldosteronism (also called Conn's syndrome) is a rare condition caused by overproduction of the hormone aldosterone that controls sodium and potassium in the blood.

We present an interesting case of a 41 yo p0+1 , known case of conn syndrome for 4 years prior to her conception via IVF. She had been under care of endocrinologist and embarked of pregnancy in a stable condition. Pre pregnancy she was on spironolactone and had been on labetalol for HTN secondary to conn syndrome.

A multidisciplinary approach was taken and endocrinology team was taken on board to manage her pregnancy journey. She was planned to have regular follow up and growth scans. At her booking visit , It was planned for her to be delivered by LSCS around 38-39 weeks as she had a history of myomectomy During the course of her pregnancy her BP increased a few times and she had to be admitted, labetalol increased and calcium channel blocker added to control her BP. Endocrinology team was constantly kept in touch with and advice taken for management as needed.

She developed superimposed preeclampsia with falling PLT, increasing uric acid and eventually underwent LSCS at 37+2 weeks for uncontrolled BP, required I/V labetalol intraoperatively to manage BP. Post nataly BP needed aggressive management with input from medical and endocrinology team as well with antihypertensive dosages needed to be increased. Spironolactone was re commenced post op. She was eventually transferred to Dublin hospital in a stable condition on oral antihypertensives (labetatol and calcium channel blockers) at day 5 post op as her baby had been transferred there for care.

A RE-AUDIT ON FOURTH YEAR MEDICAL STUDENTS' FEEDBACK ON CLINICAL EDUCATION AT CORK UNIVERSITY MATERNITY HOSPITAL,SINCE PANDEMIC..HAVE WE IMPROVED

Naureen Yasir, Mairead Noelle O'Riordan
Cork University Maternity Hospital and UCC

Abstract

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.A further re-audit conducted during academic year 2021/2022 to see any improvements we have made this year by addressing the concerns brought forwards by the students.

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,168 responded.24%(n=37) found the overall experience as "Excellent",42%(n=66) selected "Very Good",48%(n=31%) chose good,3%(n=5) were "Unsure" and 3%(n=4) responded as" Very Bad". For online lectures and tutorials 32%(n=50) found them "Excellent",58%(n=91) as "Good",7%(n=11) had been "Not Sure" and 4%(n=6) responded as "Bad".

The past highest concerns were Technical issues, lecture content relevance, overlapping and inadequacies, which were addressed and lot of improvement noted.24%(n=38) will "Unlikely" and 28%(n=43)"Most likely",(n=5) 3% will "Definitely" choose obstetrics gynaecology as a career while 24%(n=38) had been "very unlikely".

The study helped us formulate the effective and best teaching in the specialty for current academic year. We had more number of Elective rotation students this year as compared to previous years. A further re-audit is currently in place for new academic session.

MEDICAL AND SOCIAL NEEDS OF PREGNANT WOMEN IN DIRECT PROVISION

Avril Compton [1], Sadhbh Lee [1], Gretchen McGuirk [2], Michael Turner [1]

1. UCD Centre for Human Reproduction, Coombe Women and Infants Maternity Hospital, Dublin, Ireland
2. Medical Social Work Department, Coombe Women and Infants Maternity Hospital

Abstract

Background: Pregnant women of migrant and refugee status are known to be at risk of a range of obstetric and social health issues. Asylum seekers arriving in Ireland are housed in "direct provision" (DP) while their asylum application is processed. DP is a system which provides the basic needs for asylum seekers, including free antenatal care. There is a paucity of Irish evidence exploring the obstetric outcomes and social requirements of pregnant women living in DP.

Objectives: The main objective of this study was to examine the obstetric outcomes and social requirements of pregnant women living in DP.

Study design and Methods: This was a retrospective observational study taking place from January 2015 to December 2020. Addresses of DP centres in five counties were obtained. Pregnant women booking to the Coombe Women and Infants University Hospital during this time period with an address at any of these centres were included. Ethical approval was obtained. Data was collected from both electronic and paper patient records. Data was analysed using SPSS. Results were compared to the general hospital data from 2019.

Findings: Fifty women living in DP attended Coombe Women and Infants Maternity Hospital in this time period. Women living in DP had higher rates of domestic violence, late booking visits, HIV, pre-eclampsia and low birth weight. 44 women (88%) were referred to the medical social work (MSW) department. The most common reason for referral was poor social supports (25%). 22.72% of women experienced poor living conditions in DP. General issues included overcrowding, food preparation issues, storage of medication and threats of violence from other residents. Some of the relevant perinatal issues and outcomes are displayed in Figure 1.

Conclusion: Women living in direct provision have specific obstetric and social needs. This research highlights the opportunity for our maternity healthcare providers to progress our services to further meet the needs of pregnant women living in DP and improve their obstetric outcomes.

THE VALUE OF THE MATERNAL MEDICINE MULTIDISCIPLINARY TEAM MEETINGS- A REVIEW

Sara Mohan [1], Claire McCarthy [2], Jasmeet Kumari [2], Tony Geoghegan [1], Leo Lawler [1], Fionnuala Ní Ainle [1], Jennifer Donnelly [2]

1. Mater Misericordiae University Hospital Dublin
2. Rotunda Hospital

Abstract

Increasing numbers of women are entering pregnancy with medical and surgical co-morbidities. 1 This is in conjunction with a non-significant increase in maternal death rates internationally 2 The aim was to review the maternal medicine multidisciplinary team (MMMDT) meetings and examine the attendances and patients discussed.

We conducted a retrospective descriptive study of all MMMDT meetings conducted between a tertiary level stand-alone maternity hospital and a tertiary level general university teaching hospital. Data were collected from 2014-2020; there were limitations on data sampling from 2014-2017.

Meeting minutes were reviewed and characteristics of the meetings and demographics of the women discussed at the meetings were reviewed. Over a 7 year period 43 meetings were held, with 575 discussions of 486 women. There was an average of 13 (3-23) women discussed at each meeting, with on average 17 attendees at each meeting. Attendance and number of patients discussed increased over time.

18 women were discussed during successive pregnancies. Examining meetings from 2017-2020, there were 7.3% pre-conceptual discussions (n=42), 5.7% postnatal (n=33), with the remainder antenatal. Mean maternal age was 32.5 years (range 15-48 years), and most discussions were in the mid-trimester period (21-24 weeks of gestation).

The most commonly involved specialities were haematology, neurology, rheumatology, neurosurgery and gastroenterology. 22 specialities were represented overall when classified by primary medical condition. From MDT input, haematology input was involved in 25% (n=144) of cases, radiology in 28% (n=161) and anaesthesiology in 20.3% (n=117). Regarding number of teams required to manage cases, 80 women required input of 3 specialties, with 16 requiring the input of 4 specialities.

We demonstrate the importance of the MDT in management of a depth and breadth of complex maternal medicine patients.

1. National Maternity Review. Better Births: Improving outcomes of maternity services in England.
2. Saving Lives,Improving Mothers' Care.

BULLOUS LUNG DISEASE IN PREGNANCY: A CASE REPORT

Gabriela McMahon, Claire McCarthy, Jennifer Donnelly
Rotunda Hospital, Dublin

Abstract

Bullous lung disease presenting as a tension pneumothorax in pregnancy has not been reported in the literature. We present the case of a woman in her third pregnancy presenting with a secondary spontaneous tension pneumothorax.

A 32-year-old woman presented to a routine antenatal clinic at 33+4 weeks gestation. She had two previous uncomplicated term vaginal births. She had a history of essential hypertension., for which she was taking labetalol 500mg six-hourly and aspirin 150mg. She had a ten-pack-year smoking history and SARS-CoV-2 infection two weeks prior. She presented to routine antenatal clinic in the third trimester with an ongoing cough and progressive shortness of breath. Respiratory examination revealed absent air entry on the right side with hyper-resonance to percussion. An urgent chest x-ray was performed which showed a large right sided tension pneumothorax. She was transferred to a general hospital where a chest drain was inserted in the emergency department and she was admitted to the high dependency unit for close observation.

Over the next few days, she had a chest drain re-inserted with partial re-inflation seen on CXR. Computed tomography thorax showed significant underlying lung disease with bullous destruction of right lung and emphysematous change of the left lung. She reported ongoing significant pain with further analgesic requirements. Owing to this, the decision was made for delivery at 36+1 weeks gestation to aid pain control and allow further definitive management. She underwent an uncomplicated lower segment caesarean section, delivering a live female infant. Postnatal recovery was uncomplicated and she was discharged home day five postoperatively.

Three weeks following birth she underwent a right-sided 2-port Video Assisted Thoracoscopic Surgery with lung volume reduction of her right upper lobe, resection of giant bullae, extensive decortication of pockets of fluid and talc insufflation for pleurodesis.

We demonstrate the importance of the MDT approach in the care of complex and rare medical conditions in pregnancy.

SEVERE OBSTRUCTIVE UROPATHY SECONDARY TO LARGE UTERINE LEIOMYOMAS REQUIRING BILATERAL NEPHROSTOMY

Anam Shah, Tarannum Bano Mohd Ibrahim, Killian Daly, Naomi Burke
Connolly Hospital Blanchardstown

Abstract

Objective: To report a unique case of severe obstructive uropathy in a young woman secondary to large uterine leiomyomas requiring bilateral nephrostomy.

Case report: A 29 year old nulliparous woman presented to the Emergency Department with acute urinary retention. The patient was of African descent and had no significant past medical or family history. Imaging reported a grossly enlarged fibroid uterus causing bilateral hydroureter and bilateral hydronephrosis. The largest uterine leiomyoma measured 14cm.

This patient was anaemic (Hb 9.1 g/dL) and her creatinine was 276 µmol/L with eGFR of 23ml/min. She underwent urgent bilateral percutaneous nephrostomy and nephro-ureteral stent insertion.

Management was through a multidisciplinary approach; primarily shared between Gynaecology, Urology and Nephrology services.

The case was complicated by pre-operative anaemia, and the patient's desire to retain the uterus for future fertility. She underwent Gonadotrophin Hormone Receptor Agonist treatment to reduce the size of leiomyomas and optimise pre-operative haemoglobin (Hb).

A successful open midline myomectomy was performed. The nephrostomies were removed, and the patient had successful trial without catheter. Renal function showed some improvement post-operatively but failed to normalise. She will continue to require regular long-term Gynaecology and Nephrology follow-up.

Discussion: Leiomyomas are known, but uncommon, cause of severe obstructive renal disease. Obstructive uropathy was commonly unilateral and seen in older patients and are unlikely to cause End Stage Renal Failure alone, especially in the absence of risk factors. Our study describes a young nulliparous woman with no significant past medical history which was likely a protective factor in prevention of developing ESRF.

Conclusion: We highlight a unique case of obstructive uropathy secondary to uterine leiomyomas, as a cause of severe irreversible kidney injury in the absence of underlying co-morbidities.

THE INCIDENCE OF HISTOLOGIAL EVIDENCE OF PLACENTA ACCRETA SPECTRUM IN GALWAY UNIVERSITY HOSPITAL

Ciaran McKeown [1], Tom Doyle [2], Laura Aalto [1], Geraldine Mary Gaffney [2]
1. University Hospital Galway
2. National University of Ireland, Galway.

Abstract

Background: Placenta accreta spectrum (PAS) is the result of abnormal implantation into the uterine wall and is a cause of severe haemorrhage and a leading cause of peripartum hysterectomy. Microscopic accreta (adherent basal plate myometrial fibres) has been proposed as an independent risk factor for placenta accreta spectrum in subsequent pregnancies.

Methods: A retrospective review of all available placental reports in a tertiary maternity hospital from 2015-2021 was performed. Third trimester deliveries and only deliveries which occurred within the unit were included for analysis.

Results: In total, 2146 placentas were included in the review. The mean maternal age was 33.9 ± 5.7 years. The mean parity was 1.3 ± 1.6 births. Histological features suggestive of accreta were identified in 63 specimens (2.94%). Of the 63 cases, 4 women (6.35%) had undergone hysterectomy, 3 because of placenta accreta, and 1 due to massive obstetric haemorrhage.

Adherent basal plate myometrial fibres accounted for 44 of the cases (69.8%). Of these cases, 4 women had post-partum haemorrhage and 3 had a prolonged third stage of labour. Macroscopically, 15 of these specimens were fragmented or disrupted.

Conclusion: The increasing incidence of PAS is associated with the number of caesarean sections being performed. The identification of microscopic accreta within this cohort will form the basis of a prospective study, to assess how these findings impact on subsequent pregnancies.

AN AUDIT ON THE MANAGEMENT OF POST-PARTUM HAEMORRHAGE

Róisín Gryson [1], Adriana Olaru [2]
1. Obstetrics and Gynaecology, Rotunda Hospital, Dublin
2. Our Lady of Lourdes, Drogheda, Co. Louth

Abstract

Background: Post-partum haemorrhage (PPH) remains one of the leading causes of maternal morbidity and mortality (accounting for 7% mortality rate as per the MBRRACE-UK report 2017-20191). While its incidence is multifactorial, PPH is an obstetric emergency requiring prompt recognition and immediate action2.

Purpose of Study: This audit aimed to review all cases of major PPH (blood loss >1000ml) and identify any antenatal risk factors along with documentation during management of PPH in a secondary level maternity unit in Ireland.

Study Designs and Methods: A retrospective cohort analysis was carried out on all major PPH cases between January to March 2022 following ethical approval. All cases were identified using MIS, and chart review was performed.

Findings: During the 3 month period, 51 cases were identified with an incidence of 7.2%. Nulliparous women were more likely to experience major PPH (56%). Several cases had identifiable risk factors: 7.8% multiple pregnancies, 15% polyhydramnios, 7.8% history PPH and 11% antenatal anaemia. In 37% cases there was a history of COVID infection.

The incidence of major PPH was highest during elective LSCS (31%, n=16), followed by emergency LSCS (27%, n=14), operative vaginal delivery (21%, n=11) and spontaneous vaginal delivery (19%, n=10). In only 14% cases (n=7) an emergency call was documented and in only 37% (n=19) cases consultant was informed at the time of emergency. Three cases needed Bakri balloon insertion and B Lynch sutures were performed in 2 cases. There was no emergency hysterectomy performed.

25% of cases had a postnatal haemoglobin of < 8g/dL with 21% (n=9) of cases requiring red blood cell transfusion and 25% (n=13) intravenous iron infusion prior to discharge.

Conclusion: PPH is an obstetric emergency which requires prompt recognition and action and a multi-disciplinary team work is vital in reducing morbidity and mortality.

OPTIMISING TEENAGE PREGNANCY IN CONTEMPORARY PRACTICE – DECLINING INCIDENCE WITH EXCELLENT OUTCOMES

Emma Malone, Aaron Ryan, Patrick Dicker, Tara Ibrahim, Nikita Deegan
Rotunda Hospital

Abstract

Objective: The Rotunda Hospital, with an established specialist Teenage Pregnancy Service for the past 17 years, sought to evaluate trends in incidence of teenage pregnancy and their outcomes.

Study Design: This hospital maintains a prospectively collected, fully anonymised, database of all pregnancy outcomes based on maternal age. We reviewed the database for incidence of teenage pregnancy (19 years or less at EDD), vaginal delivery rates, caesarean delivery rates and perinatal mortality in this specialist clinic. Comparisons were made with total deliveries in each year and the Cochran-Armitage Test of Trend was used to determine statistical significance over time.

Results: Figure 1 summarises the number of teenage pregnancies at our centre during the 17 years of operation of this specialist clinical service. There has been a significant decrease in the incidence of teenage pregnancy, declining from 6.1% of all deliveries in 2005 to 1.6% in 2021 ($p< 0.001$). There has been a significant increase in the engagement rate of patients with this specialist clinic, with 75.7% of all teenage pregnancies completing their care in this clinic in 2021, compared with 35.1% in 2005 ($p< 0.001$). Of note, the overall hospital cesarean delivery (CD) rate increased from 25.6% in 2005 to 37.3% in 2021, but during this time period the CD rate amongst the teenage population averaged 15% over the 17 years, without evidence of trend ($p=0.608$). Perinatal mortality remained very low throughout the 17 year time period, with an average 1.8 losses per annum (0.4%).

Conclusion

It is reassuring to note such a significant drop in teenage pregnancies over the last 17 years in the Rotunda, in which approximately 10,000 pregnancies per annum are managed. The very high engagement rate with this specialist service, together with the relatively low cesarean delivery rate and low incidence of perinatal loss, supports the continued role of specialist teenage pregnancy services even as the incidence falls. Ongoing education to optimise contraceptive availability in this cohort remains crucial.

RETROSPECTIVE REVIEW: FINDINGS OF HYSTEROSALPINGOGRAPHY IN WOMEN WHO UNDERWENT IMAGING AS INVESTIGATION FOR SUBFERTILITY IN AN IRISH REGIONAL HOSPITAL

Karnravee Angkanaporn, Vijayashree Hiremath
Department of Obstetrics and Gynaecology, Tipperary University Hospital, Clonmel, Ireland

Abstract

Background: Subfertility care services were largely disrupted by the COVID-19 global pandemic. Tubal factors are responsible for 15-20% of causes of subfertility and the assessment of tubal patency is considered an integral investigation. Hysterosalpingography (HSG) is widely use as first-line imaging. As an impact of the pandemic, rates of HSG performs have a likelihood to plunge as well as fluctuate.

Objective: This study will determine1) the number of hysterosalpingography completed in each year pre-, post- and during pandemic; 2) findings of hysterosalpingography.

Study Design and Methods: This study reviewed 121 patients' file who underwent HSG at Tipperary University Hospital from January 2018-August 2022. Reviewing their results in a pre-covid, covid and relatively post-covid period. Number of HSG performed noted and rates of abnormal findings (positivity rate) calculated. To compared if there are any trends that exist. HSGs with premature termination due to operational difficulties are excluded.

Results: Age range was 20-46 years with mean age of 34.66 ± 5.24. Majority of cases (70%) were in the 30-40 age group. 7 cases excluded due to early end to imaging. 35, 19, 19, 21, 21 HSGs were completed in 2018, 2019, 2020, 2021 and until August 2022 respectively. Regarding abnormalities, the positivity rate for 2018 equals 34%, rose to 47% in 2019, reached 58% in 2020, decreased sharply to 29% and 30% in 2021 and 2022. Overall, 37% (42/115) had abnormal findings. Tubal and uterine abnormalities made up 93% (39/42), 26% (11/42) of cases respectively, while 14% had both. Tubal occlusion and hydrosalpinx were found in 25/42 (60%) and 9/42 (21%).

Conclusions: Number of HSGs almost reduced by half from pre-covid time. During covid compared to post-covid the number marginally increased and stabilised. Positivity rates fluctuated but had a steep raised during COVID-19 period. Tubal occlusion resurges as the most common abnormal finding on HSG. This reflects HSG diagnostic role in assessment of subfertility in a regional hospital.

BALANCED TRANSLOCATIONS IN MEN WITH AZOOSPERMIA

Isabel Dwyer [1], Cathy Allen [2], Andrew Downey [3]
1. School of Medicine, University College Dublin, Dublin
2. Department of Reproductive Medicine, NMH, UCD
3. Merrion Fertility Clinic, National Maternity Hospital

Abstract

Background: The diagnosis of azoospermia has profound implications for male fertility. Investigation of azoospermia includes karyotype analysis. The outcomes of these genetic tests and their potential implications for the health of offspring and for other family members cause significant anxiety for patients. Balanced translocations occur in approximately 0.1% of the general population but the incidence of balanced translocations in cases of non-obstructive azoospermia (NOA) may be up to 10 times higher[1].

Objective: To investigate the incidence of balanced translocations in men with NOA attending our Assisted Conception Unit (ACU).

Study Design and Method: We retrospectively reviewed all patients with non-obstructive azoospermia presenting from Jan 2017 - Sept 2022. All patients with azoospermia routinely underwent cytogenetic testing. Tests for chromosome complement and banding patterns were undertaken in a single accredited laboratory.

Results: Fifty-one men with non-obstructive azoospermia (NOA) were identified during the study period. Karyotype results were available for all 51. Four out of 51 (7.8%) had Klinefelter's syndrome and none had balanced translocations. Thus 47/51 (92%) of NOA cases had no karyotypic abnormalities.

Discussion

This is the first report of the findings of genetic testing in men with NOA attending an Irish ACU. The very low incidence of balanced translocations will allow us to reassure our NOA patients that their risk of carrying a translocation is very low. The vast majority of NOA patients will be able to proceed with plans for surgical sperm retrieval (SSR) without the need for additional genetic counselling or consideration of pre-implantation genetic testing for structural rearrangements (PGT-SR).

Our findings suggest a lower incidence of translocations than that reported in the medical literature. However, we acknowledge that the small sample size in our review could not define the incidence and further research into the genetics of male infertility in Ireland is recommended.

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A CASE REPORT OF OSTEOGENESIS IMPERFECTA

Raksha Beethue, Clare Kennedy, Gillian Ryan
Obstetrics and Gynaecology department, Galway University Hospital

Abstract

Background: Osteogenesis imperfecta (OI) also known as brittle bone disease is a rare genetic or heritable disease in which bones fracture easily and has a spectrum of other symptoms such as malformed or bowing of long bones, small stature, breathing difficulties, hearing loss.

Case presentation: We report a case of a patient with an uncomplicated pregnancy that was delivered by emergency caesarean section. A femur fracture was diagnosed within 24hours of delivery and a subsequent radial fracture was diagnosed in the following days. The neonate received further care in a tertiary care centre where the diagnosis of OI was confirmed.

Conclusion: Prenatal diagnosis can be challenging with no family history of OI especially in the mild variant. Patients with mild to moderate OI are diagnosed postnatally, based on clinical and radiographic findings. It is also very important to differentiate from child abuse.

MARKED 20 YEAR DECLINE IN INCIDENCE OF INFECTIOUS DISEASES IN PREGNANCY

Emma Malone [1], Aaron Ryan [1], Patrick Dicker [1], Maeve Ann Eogan [1], Wendy Ferguson-Holmes [1], John S Lambert [2]

1. Rotunda Hospital
2. Infectious Disease Department, MMUH, Dublin & School of Medicine UCD

Abstract

Objective: The Rotunda Hospital, with an established specialist Infectious Diseases Service, sought to evaluate trends in incidence of selected infectious diseases in pregnancy and the rate of associated neonatal infection.

Study Design: A specialist multidisciplinary clinical service manages pregnancies complicated by certain infectious diseases, with a prospectively collected database maintained in a fully anonymised manner. This was reviewed for infection prevalence, newly diagnosed case incidence, and infected neonates. Comparisons were made across a 20 year time using the Cochran-Armitage Test of Trend

Results: Figure 1 shows incidence of new cases of Hep B (HBV), Hep C (HCV), syphilis and HIV in pregnancy during the last 20 years, while Figure 2 shows the prevalence of each infection (new and pre-existing) each year. There has been a significant decrease in the prevalence of all such infections, with HBV declining from 14.5/1,000 deliveries in 2002 to 4.5/1,000 in 2021 ($p< 0.0001$), HCV from 11.5/1,000 deliveries in 2002 to 2.8/1,000 in 2021 ($p< 0.0001$), syphilis from 5.6/1,000 deliveries in 2002 to 2.2/1,000 in 2021 ($p< 0.0001$), and HIV from 7.3/1,000 deliveries in 2002 to 1.5/1,000 in 2021 ($p< 0.0001$). Focussing on newly diagnosed infections for the first time in the index pregnancy, declines were noted for all infections over the 20 year time period. The number of infected neonates has remained low, with only one case of a neonate infected with HCV in the last five years from 2017-2021 and no cases of neonates infected with HBV, HIV or syphilis.

Conclusion: There has been a marked reduction in incidence of HBV, HCV, syphilis and HIV in pregnancy over the last 20 years at the largest obstetric hospital in Europe. While it is reassuring to note such a significant drop in maternal infection, it is even more reassuring to see an almost complete absence of congenital infection with these infections. This likely underscores the critical importance of maintaining such a multidisciplinary specialist infectious diseases in pregnancy service.

CLINICAL AUDIT ABOUT CARE OF WOMEN WITH HIGH BMI DURING PREGNANCY IN MAYO UNIVERSITY HOSPITAL

Samah Hassan, Victor Onwochei, Hiba Satti, Shane Rooney, Anca Trulea
OB/GYNAE department Mayo University Hospital, Castlebar

Abstract

Obesity with pregnancy is one of the most common problems for women in reproductive age. It is considered a major issue in the developed countries. Therefore, reducing its prevalence can result in the reduction of maternal morbidity and mortality. Addressing this issue has become a public health priority in many developed and developing countries.

Objectives: To compare the current practise in care of women with high BMI during pregnancy in our department against the standard the Green top guideline No 72 cares of women with obesity in pregnancy.

Methodology: A retrospective review of all women with high BMI delivered in February 2021 was undertaken. The pregnancy records were reviewed, and data collected using a specially designed audit tool. Descriptive statistics and frequencies were obtained, and the results were compared to the standards outlined by the green top guideline.

Results: Two third of our ladies with class 1obesity.one quarter in class 2 obesity and 14% morbid obese, there was no dietician available in the hospital for OPD referral. Only 10% of patients received patient information about appropriate diet and exercise. Half of the morbid obese not referred to Anaesthetist during their antenatal care. All the ladies with high BMI were screened for gestational diabetes. Only 2/3 of our ladies with class 2 obesity were referred for serial growth scan.

Recommendation: To establish a model of care that can be implemented by the hospital for pregnant women with high BMI. Since pregnancy is a period where the patient is closely monitored and can have high compliance, implementing such protocol can decrease the risk of complications and save the hospital the costs of managing them. To create an additional pathway document peculiarly for the care of women with high BMI and include it in the patients' hand-held note,

A DIAGNOSIS IN DISGUISE

Sarah Kennedy, Simon Craven, Laurentina Schaeler, Nóirín Russell
Cork University Maternity Hospital, Ireland South Women & Infants Directorate

Abstract

Ovarian vein thrombosis (OVT) is a rare postpartum complication that occurs following 0.05% to 0.16% of deliveries and carries potential life-threatening complications. Diagnosis can be challenging as symptoms may mimic endometritis, pyelonephritis, or appendicitis. We present a case of postpartum pyrexia with underlying extensive OVT.

A 33-year-old woman presented 13 days postpartum with left lower quadrant abdominal pain and pyrexia. Endometritis or pyelonephritis were differential diagnoses on admission and intravenous co-amoxiclav and gentamicin were commenced. An E. Coli bacteraemia was detected with microbes fully susceptible to co-amoxiclav and gentamicin. Suction curettage was performed for suspected retained tissue following pelvic ultrasound, although retained tissue was not identified intraoperatively.

Despite appropriate antimicrobial cover there was no clinical improvement. A CT abdomen and pelvis was performed to rule out appendicitis or diverticulitis. CT demonstrated a thrombosed left ovarian vein with thrombus extending to and almost occluding the renal vein. The patient was commenced on therapeutic low weight molecular heparin and improved sufficiently to be discharged three day later on anticoagulation.

The pathophysiology of OVT can be explained by Virchow's triad: hypercoagulability, venous stasis, and vascular damage; together these factors lead to an increased incidence of venous thromboembolism. Common signs and symptoms of OVT include lower abdomen or flank pain, fever and leucocytosis usually within the first ten days after delivery. Anticoagulation and antibiotics are the mainstay of treatment. Complications include systemic sepsis, thrombus extension to the inferior vena cava and renal veins, pulmonary embolism, and death.

Ovarian vein thrombosis should be considered in the differential diagnosis of postpartum patients admitted with a suspected endometritis. Prompt recognition and treatment is needed to avoid the morbidity and mortality associated with OVT.

CASE REPORT: TWIN PREGNANCY WITH COMPLETE HYDATIDIFORM MOLE AND CO-EXISTING LIVE FETUS (CHMF)

Parijot Kumar [1], Rosemary Harkin [2]

1. Senior House Officer in Obstetrics and Gynae in Our Lady Of Lourdes Hospital Drogheda Ireland
2. Consultant Obstetrician and Gynaecologist Our Lady Of Lourdes Hospital Drogheda

Abstract

We present a case of a dichorionic diamniotic (DCDA) twin pregnancy comprising a complete hydatidiform mole with a live fetus (CHMF) that was complicated by fulminant pre-eclampsia in the late second trimester and resulted in the birth of a live fetus. This is a rare entity, with a paucity of published evidence, and in our case had a positive materno-fetal outcome. We detail the clinical and sonographic features of the pregnancy, salient considerations for management, and a review of the current evidence base.

This 34-year-old woman, in her third pregnancy, was noted during her anatomy scan at 21+3 weeks gestation to have a cystic placental mass with vascular features and a concomitant anatomically normal live fetus. This was confirmed by the fetal medicine team and a working diagnosis of a hydatidiform molar mass with a live twin was made. Subsequent management included weekly clinical and sonographic surveillance. At 27+ 4 weeks gestation, she developed fulminant pre-eclampsia, which prompted delivery via emergency caesarean section. A live female infant weighing 960g was delivered alongside a molar placental mass, which itself weighed 3100g and was histologically proven to be a complete hydatidiform mole.

Apart from a pyrexia of uncertain origin, the mother had no post operative complications. She was referred to the national gestational trophoblastic disease centre and is currently followed up with serial beta-HCG measurements as an outpatient. The infant was admitted for prematurity to the Neonatal Intensive Care Unit (NICU) and continues to make clinical progress.

CHMFs have been reported to have an incidence between 1 in 22,000 to 1 in 100,000 pregnancies. These pregnancies are at an increased risk of antenatal and postpartum complications, and thus require a complex, specialist, and multi-disciplinary approach.

ENDOMETRIOSIS AND ADENOMYOSIS - TWO SUBCATEGORIES OF ONE OVERARCHING CONDITION? THEIR RELATIONSHIP, AETIOLOGY AND SUBSEQUENT TREATMENT OPTIONS

Rachael Dunning
Graduate School of Medicine, University of Limerick, Limerick, Ireland

Abstract

Background: There is neither a definitive cure nor accepted pathogenesis for endometriosis or adenomyosis, despite occurring in 10% and 20-65% women in the world, respectively. Although hypothesised that these are conditions caused by the tissue injury and repair (TIAR) mechanism due to their chronic inflammatory nature, treatment options currently are neither curative nor based on their assumed pathophysiology.

Aims: The objective of this literature review is to explore the relationship between endometriosis and adenomyosis in women of child-bearing age regarding the pathogenesis, novel treatment options according to pathophysiological theories, and how close scientific literature is to proving and classifying these intertwined conditions as two phenotypes of the one pathology.

Methods: Cochrane Library, PubMed and Web of Science databases were searched for original articles using the terms “adenomyosis AND endometriosis AND (pathophysiology OR pathogenesis OR treatment OR aetiology*)”.1,872 studies between dates Jan 1949 and June 2021 were found, including 400 duplicates. Inclusion criteria included relevance to the objectives, discussion of adenomyosis and/or endometriosis only, English articles, while clinical trials, case reports, fertility studies, oncology reports were excluded.

Results: 11 full-text papers were explored. The consensus on the most likely aetiology is that both conditions are multifactorial and distinct from each other, yet unknown how. Available treatment options are variable and subpar at alleviating symptoms of the second most prevalent gynaecological issue facing women of reproductive age. Medication side effect profiles are often intolerable, imploring women to choose between symptom relief and avoiding menopausal or androgenic side effects.

Conclusion: Adenomyosis research is overwhelmingly neglected vs endometriosis. Treating physicians should be aware of personalised treatment paradigms to suit individual women and be open to regular review of medications and surgical options, until a breakthrough in pathogenesis is achieved.

WHAT'S ALL THE PUS ABOUT? A CASE SERIES OF THREE TUBO-OVARIAN ABSCESSES REQUIRING CT-GUIDED DRAINAGE

Fatimah Alaya [1], Ali Basil Ali, Kevin Sheahan [2], Dahye Shin [2], Fatma Al Sayegh [1], Albulena Dervari [1], Shayi Dezayi [1], Conor Harrity [1], Hassan Faiez Rajab [1], Prof. Martina Morrin [1]

1. Gynaecology department, Beaumont Hospital Dublin 9
2. Interventional Radiology Dept., Beaumont Hospital, Dublin 9, Ireland

Abstract

Background: Hospitalisation of women with tubo-ovarian abscesses (TOA) is globally increasing. Current international standards mainly centre on administering IV antibiotics. The role of interventional radiology (IR) is increasingly advancing in managing TOA.

Objective: The following case series centres on the pivotal emerging role IR has in the multi-disciplinary team management of TOA.

Study Design/Methods: A retrospective analysis of medical records and radiological imaging.

Results: Three women presented via the emergency room of a tertiary Irish unit with vague symptomatology including abdominal pain, nausea, fever and general malaise. Of note, there was no background history of PID, STI/STD's or recent IUD insertion in any of the three cases. All three cases were triaged and bloods on admission revealed raised inflammatory markers, white cells and lactate levels. Radiological imaging in the form of ultrasound (USS) and computer tomography (CT) was completed and identified the multiloculated cystic adnexal structures as TOAs in all three cases.

Initially, laparoscopic intervention was deemed necessary due to the complex emerging nature of the TOAs. Pelvic washouts and analysis revealed heavy growths of E-Coli in all three cases requiring IV antibiotics as in-patients. Follow-up imaging displayed persistent abscess formation. Multi-disciplinary team input was required including from IR. All three cases required CT-guided drainage using trans-gluteal or trans-abdominal approach followed by long-term antibiotic treatment for complete successful resolution of the TOAs.

Conclusion: Complex TOAs can be difficult to successfully manage. The role of IR has been deemed safe and efficient in the literature. The combination of IR drainage with antibiotic treatment has a success rate between 77.8-100%. A decreased in length of hospital stay and a more rapid resolution of symptoms has also been documented as a positive outcome when TOA are managed primarily with IR drainage.

THE TRANSITION TO MEDICAL STUDENT: A SCOPING REVIEW

Mary Rae [1], Maria Farren [2], Mary Frances Higgins [3]

1. UCD School of Medicine, University College Dublin, Belfield, Dublin 4
2. Perinatal Research Centre, University College Dublin, National Maternity Hospital, Dublin, Ireland.
3. Associate Professor, University College Dublin. The National Maternity Hospital, Holles Street

Abstract

Transitions within the medical education continuum are periods of change in which students or doctors experience discontinuity which leads to the development of new behaviours1. Previous scoping reviews examining transitions within medical education mostly focused on transition from preclinical to clinical student and the transition from student to practitioner.

The aim of this project was to complete a focused scoping review of the evidence on the transition to medical student.

Three databases, with focus on six specific medical education journals, were searched from 2010 to 2022 (PubMed, Embase and Scopus). The framework described by Arksey and O'Malley2 was followed over six stages. Research was guided by the Preferred Reporting Items for Systematic reviews and Meta Analyses extension for Scoping Review (PRISMA-ScR) tool. Twelve papers were selected for review.

Studies primarily looked at the experience of the transition to being a medical student or interventions to support the transition. The key themes that were identified were social support networks, self-efficacy, social cohesion and professional identity. Reported interventions included in person and online pre-matriculating programs, peer-mentor programs and structured extended orientation. Each of the themes identified were a crucial factor in the transition to medical school. Many of the studies focused on a subgroup of medical students such as "non-traditional' and "at risk students" rather than the transition experienced by medical students as a cohort. The studies were primarily conducted in North America; future studies in Europe could address this gap in the literature

MANAGEMENT OF THIRD AND FOURTH DEGREE PERINEAL TEARS/OBSTETIRC ANAL SPINCTER INJURIES(OASI) IN OLOL DROGHEDA

Hira Qureshi [1], Parijot Kumar [1], Prerna Kamath [2], Rosemary Harkin [3]

1. Senior House Officer in Obstetrics and Gynae in Our Lady Of Lourdes Hospital Drogheda Ireland
2. Junior Registrar in Obstetrics and Gynaecology in Our Lady Of Lourdes Hospital Dogheda
3. Consultant Obstetrician and Gynaecologist Our Lady Of Lourdes Hospital Drogheda

Abstract

Background: Obstetric anal sphincter injuries (OASIS) include third and fourth degree perineal injuries. The risk for OASIS is about 1% for all vaginal deliveries. If not recognized and treated properly, they can have serious consequences for women of reproductive age as they are associated with significant pain, discomfort, impact quality of life and intimate relationships.

Objectives: Primary outcome of the audit was to assess if all women were given antibiotics, intra and post operatively. We also assessed the use of laxatives and referral to physiotherapy postoperatively. Our secondary outcome was to assess if all women were followed up 6-12 weeks post operatively.

Study Design and Methods: Retrospective data was collected looking at the incidence and management of third and fourth degree tears occurring in Our Lady Of Lourdes Hospital Drogheda between January 2019 and August 2022. The inclusion criteria was any vaginal delivery with 3rd and 4th degree tear during this period.

Findings/Results: Of 2847 vaginal deliveries (in one and half year) 26 charts were reviewed. Results show that 61% of women sustaining these injuries were primiparous, 69% had spontaneous vaginal delivery, 31% operative vaginal delivery. 35% tears were 3A tears, 50% were 3B and 15% 3C. 100% of the women were given prophylactic antibiotics and these were continued post-natally during their hospital stay. However only 80% were discharged home on oral antibiotics and only 84% of them received laxatives. 76% were followed up in GOPD. 61% were followed up with physiotherapy but there was lack of documentation for physiotherapy follow ups. There was inconsistency in the type of antibiotics given, the number of intravenous doses, switch to oral antibiotics and the number of doses of oral antibiotics continued.

conclusion: There are no local guidelines in OLOL Drogheda that specify the type of antibiotics to be prescribed. This audit aims to form a new discharge checklist and work is ongoing to make a local guideline for the use of antibiotics in third and fourth degree tears.

PLACENTA ACCRETA AFTER ASHERMAN'S SYNDROME - CASE REPORT

Darya Musa, Orla Power, Eve Gaughan, Conor Harrity, Etaoin Kent
Obstetrics and gynaecology, Rotunda Hospital

Abstract

Placenta accreta must be considered as a potential complication in pregnancies after hysteroscopic adhesiolysis for Asherman's syndrome, The patient was 32-years old, Para 2+1, presented with complain of secondary amenorrhea for six months after her last miscarriage.

Her Obstetrics history of two term vaginal delivery ended with manual removal of placenta in both, followed by first trimester miscarriage for which she had evacuation of retained product of conception.

Investigations after miscarriage showed a negative pregnancy test, normal hormonal profile and the pelvic ultrasound revealed thin endometrium and normal ovaries. The patient received Progesterone tablets then she was commenced on Oestrogen and Progesterone for withdrawal bleeding with no effect.

Intrauterine adhesions were suspected, and hysteroscopy revealed filmy adhesions at the right site obliterating the right ostea, adhesiolysis performed and the patient was diagnosed with Asherman's syndrome. menstrual flow returned to normal after one month of the operation.

Two months after the procedure she got pregnant, and she had recurrent antepartum haemorrhage and scan showed placenta previa anterior for which she was admitted to the hospital from 26 weeks of gestation.

She was planned for delivery at 34 weeks in view of recurrent APH, placenta previa and suspicion of placenta accrete spectrum (PAS). The placenta was adherent to the uterine wall after childbirth and could not be easily separated manually, leading to diagnose the patient with placenta accrete cesarean hysterectomy was performed plus left salpingo-oophrectomy after informed consent was obtained from the patient.

Intraoperative blood loss was three liters for which she received cell salvage transfusion. Histology revealed Placenta accreta spectrum grade II. The postoperative course was uneventful, and the patient was discharged in good health

LAPAROSCOPIC SURGICAL TECHNIQUE FOR PLACEMENT OF AN ABDOMINAL CERCLAGE IN PATIENTS AT RISK OF PRETERM BIRTH

Eibhlín Healy [1], Huda Algaithi [1], Eimer O'Malley [1], Tom D'Arcy [2]

1. Coombe Women and Infants University Hospital
2. Coombe Women and Infants University Hospital & St. James's Hospital, University College Dublin

Abstract

Background: Laparoscopic cerclage has established benefits over open abdominally placed cerclage – significantly improved results in terms of neonatal survival, delivery after 34 weeks, delivery between 22-33 week. Several methods to undertake the procedure have been described; the present technique is novel due to the combination of the use of a prolene monofilament and a laparoscopic port closure device.

Methods: Patients with a history of preterm delivery unresponsive to vaginal cerclage; previous mid-trimester loss after full dilated CS, who were undergoing planned laparoscopic cervical cerclage were consented to give permission for their anonymised surgical procedure to be recorded. All patients were not pregnant at the time. Ethics was deemed not required by hospital governance.

Procedure: A window is created in the anterior broad ligament to visually identify the uterine vessels; the uterus is then acutely anteverted and a reciprocal aperture is created in the posterior aspect of the broad ligament above the level of the uterosacral ligament. Under direct vision, a laparoscopic port closure device is inserted suprapubically, perpendicular to the skin. A monofilament suture with the needle removed is inserted and loaded into the port closure device; the surgeon then uses a uterine manipulator to stabilise the uterus while inserting the suture-load port closure device medial to the uterine vessels, scoring into the substance of cervix and/or lower uterus. The uterus is then gently anteverted and the port closure device threaded through the window previously described. The same procedure is repeated on the contralateral side. An laparoscopically tied knot or an extracorporeal knot secures the cerclage with the knot in the pouch of Douglas.

Conclusion: This technique is suitable for advanced laparoscopic surgeons. The video recording is a useful adjunct to its dissemination. The use of monofilament has been established as superior in vaginally placed cerclage; further studies may reveal the optimum suture material for laparoscopic cerclage.

DELAYED PYOPERITONEUM FOLLOWING IUCD INSERTION

Orla Donohoe [1], Shaegheh Mohammadi [2]
1. University Hospital Galway
2. Sligo University Hospital

Abstract

We report a case of a sterile pyoperitoneum presenting as an acute abdomen, four years following copper IUCD insertion.

A 29 year old nulliparous woman presented to the Emergency Department with acute onset of severe lower abdominal pain, fever and anorexia. She had a copper intra-uterine contraceptive device (IUCD) insertion four years ago, recalling a very difficult insertion with repeated attempts. She reported regular, heavy and painful periods, and vaginal discharge, with repeated negative high vaginal swabs (HVS) and endocervical swabs (ECS); the most recent was 3 months ago, and she was in a stable relationship.

On examination, her abdomen was diffusely tender, with guarding, rigidity and rebound tenderness bilaterally, cervical tenderness and bilateral adnexal tenderness. A HVS and ECS were repeated. She was pyrexic (38.8 C), was tachycardic and normotensive. A bedside trans-abdominal ultrasound in the Emergency Department showed a 5x4cm cystic mass in the right adnexa, adjacent and posterio-lateral to the uterus. The IUCD was visible in the uterine cavity. A moderate amount of free fluid was visible in the Pouch of Douglas.

Blood investigations showed a white cell count of 22.5, neutrophils of 21.63, haemoglobin of 9.8 and a C-reactive protein of 162. She had an emergency diagnostic laparoscopy, which showed extensive pyoperitoneum, and a dilated and damaged right fallopian tube. The pyoperitoneum was suctioned and sent with the removed copper IUCD for microscopy, culture and sensitivity analysis. A washout of the peritoneal cavity was performed and she was managed subsequently with broad spectrum intravenous antibiotics for pelvic inflammatory disease. She improved and was discharged on day 4 post-operatively.

Cultures of the intra-abdominal pus showed a sterile pyoperitoneum; mixed anaerobes were present on the IUCD; and the HVS showed Group-B streptococcus. Cultures were negative for chlamydia trachomatis, neisseria gonorrhoea, and actinomyces.

This case demonstrates a delayed presentation of a likely contaminated IUCD insertion.

AN INITIAL REVIEW OF THE IMPACT OF COVID-19 ON REFERRALS OF CERVICAL CANCER TO A TERTIARY REFERRAL CENTRE

Clíona McCullough [1], Claudia Condon [1], Edward Corry [1], Sarah Belton [2], Ruaidhai McVey [1], Tom Walsh [1], Claire Thompson [1], William Boyd [1], Donal Brennan [1]

1. Gynaecology Oncology, Mater Misericordiae Hospital, Dublin
2. Gynaecology Oncology, St Vincent's University Hospital, Dublin

Abstract

Background: The Covid 19 pandemic had a detrimental multi-faceted effect on healthcare. The deleterious impact in terms of both early symptomatic detection and screening of cervical cancer needs careful assessment.

Objective: The aim of this study was to determine whether the pandemic impacted the volume of referrals and the International Federation of Gynaecology and Obstetrics (FIGO) stage at which Cervical cancer patients were referred to an Irish tertiary Gynaecological Oncology Referral Centre.

Study Design and Methods: This was a retrospective case review assessing the stage at referral from contemporaneously compiled data in the years 2019 and 2020. In total, there were 91 patients with new cervical cancer diagnoses discussed at MDM between 1st January 2019 and 31st December 2020 who had documented FIGO staging recorded, with 51 patients in 2019 and 40 patients in 2020. The data was collated and divided into separate years and FIGO staging was compared.

Findings: Comparing the stages at presentation between 2019 and 2020; stage 1A1/2 in 2019 17.66% (n=9/51) increased to 20% (n=8/40) in 2020, while stage 1B1/2/3 decreased from 25.49% (n=13/51) in 2019 to 17.5% (n=7/40) in 2020. Locally advanced and metastatic cervical cancer Stage ³ 2B increased from 56.9% (n=29/51) in 2019 to 62.5% (n=25/40) in 2020.

Conclusion: The 22% decrease in referrals in 2020 indicates a potential delayed presentation of symptomatic patients, particularly concerning in the unscreened population. While it is too early to tell if the increase in locally advanced and metastatic referrals represents a trend, monitoring of this concerning trend is warranted.

VAGINAL BIRTH AFTER CAESAREAN SECTION: A RETROSPECTIVE STUDY OF INVESTIGATING TRENDS AND SUCCESS

Alaa Bou Kalfouni, Hossam Abdelhafez
Obstetrics and Gynecology, Wexford General Hospital, Ireland

Abstract

A restrospectibe study from Wexford General Hospital maternity database was conducetd, we identified all women who gave birth between January and August of 2022 with singleton pregnancies and a history of prior CS being a total of 239.

The purpose of this study is to see if our rates are equal to the standards, and if not what are the gaps that we have to work at and improve.

The overall success rate of VBAC was 43%, which is lower than the satndard 70%, and the reason for that was the lack of proper counselling and the absence of a VBAC clinic. The poor documenation also hindered the ability to examine the contributing reasons for the success rate in VBAC.

RECURRENT MISCARRIAGE CARE FOR WOMEN/COUPLES WITH INFERTILITY: A NATIONAL SERVICE EVALUATION

Laura Linehan, Marita Hennessy, Caragh Flannery, Keelin O'Donoghue
INFANT Research Centre, University College Cork, Cork
Pregnancy Loss Research Group, UCC

Abstract

Background: There is a paucity of research into the appropriate clinical care of women/couples with infertility experiencing recurrent miscarriage (RM), with a resulting deficit within international RM guidelines. Fertility care in the Republic of Ireland is provided by a limited number of public and private clinics.

Objective: We sought to evaluate RM care provision for women/couples with infertility in the public health service (19 clinics providing RM care, five fertility clinics) and private sector (nine fertility clinics).

Study Design and Methods: An online descriptive survey was administered via Qualtrics from Nov 2021-Feb 2022. It comprised multiple-choice/open questions concerning guideline-based KPIs for RM care and care specific to people with infertility and RM - encompassing: (i) structure of care,(ii) investigations,(iii) treatments,(iv) counselling and supportive care, and (v)outcomes. Clinical leads for pregnancy loss and fertility, Doctors-in-training and Clinical Nurse/Midwife Specialists within each unit/clinic were invited to complete the survey, with one response per service required.

Results: The response rate was 73% (24/33), with variations amongst provider types: Public RM care (18/19;95%), 2/5 Public fertility clinics (40%); Private fertility clinics (4/9; 44%). Only 39% (7/18) Public RM clinics had access to fertility consultations or infertility counselling services (28%;5/18), whereas private clinics had good access to pregnancy bereavement counselling(100%; 4/4) and RM specialists(75%: 3/4) as needed. While investigations and treatments provided mostly adhered to the KPIs, there was variation in counselling, imaging and surgical treatments offered in both sectors. Auditing of clinical outcomes was uncommon(2/22; 10%).

Conclusion

Resources are required to improve access in the public sector to fertility care and support services. Further research exploring barriers and facilitators to the delivery of evidence-based care for women/couples with infertility and RM, as well as their care experiences, could inform service improvements

FERTILITY SERVICES IN THE IRISH PUBLIC SECTOR: 7 MONTHS AND COUNTING

Sorca O'Brien [1], Tariq Bholah [2], Rachel O'Keeffe [2], Irum Farooq [3], Michelle Barry [4], David Crosby[5]

1. National Maternity Hospital, Merrion Fertility Clinic
2. National Maternity Hospital Holles Street
3. National Maternity Hospital
4. IEHG Fertility Hub
5. IEHG Fertility Hub Clinical Lead

Abstract

Background: The World Health Organisation defines infertility as a disease, ranking it 8th overall in top 20 global disability conditions and 6th in those <60. Fertility challenges affect 1 in 6 Irish couples, while many more individuals receive diagnoses/treatments that affect fertility. Given the time-sensitivity of fertility, particularly for women, delayed referral, prolonged waits to access general public gynaecology services and non-specialist approaches to investigation and management, result in critical time lost.

Ireland has long been an outlier regarding provision of publicly-funded fertility services in the EU. 6 regional public fertility hubs have been designated, five were established over the past 14 months. Within hubs, access to specialist assessment, investigation, reproductive surgery and ovulation induction/cycle tracking services is provided. Here, we present data from the first 7 months of operation.

Aim: To assess our public fertility hub cohort/outcomes.

Methods: Prospective review of patients referred and seen by the Fertility Hub February 22 - August 22. Demographics, diagnoses and outcomes to date were summarised. Results: n=57 couples attended our hub. Female age breakdown was 52% ≤34 years, 29.8% 35-39 years, 15.8% were ≥40 and male ages were 42.1%, 28.1% and 21% respectively. 40.4% females reported having at least one child. 64.9% had a recorded BMI <30kg/m2 . 19.2 % females and 24.5% males reported active smoking. Of couples completely investigated 73.6% (n=14/19), were recommended to undergo IVF/ICSI.

Conclusions: Public fertility hubs are welcome services for professionals providing care and patients seeking fertility support.Health inequity continues for those requiring interventional assisted reproductive technology. Some couples, particularly presenting with advanced female age and/or low ovarian reserve, may fail to achieve their family goals while awaiting robust and complete public fertility services. Additionally it highlighted opportunities for lifestyle modifications to augment general and reproductive health.

RISK OF NON-COMMUNICABLE DISEASE FOLLOWING ADVERSE PREGNANCY OUTCOMES

Catherine McNestry [1], Sarah Louise Killeen [1], Rachel Crowley [2], Fionnuala McAuliffe [3]

1. UCD Perinatal Research Centre
2. Department of Endocrinology, St. Vincent's University Hospital; University College Dublin
3. UCD Perinatal Research Centre; National Maternity Hospital

Abstract

There has been increasing recognition of the association between various pregnancy complications and development of chronic disease in later life. Pregnancy has come to be regarded as a physiological stress test, as the strain it places on a woman's body may reveal underlying predispositions to disease that would otherwise remain hidden for many years. Despite the increasing body of data, there is a lack of awareness among healthcare providers surrounding these risks.

We performed a literature review and have summarized the associations between the common pregnancy complications including gestational hypertension, pre-eclampsia, gestational diabetes, placental abruption, spontaneous preterm birth, stillbirth and miscarriage and subsequent development of chronic disease. Hypertensive disorders of pregnancy, spontaneous preterm birth, gestational diabetes, pregnancy loss and placental abruption are all associated with increased risk of various forms of cardiovascular disease. Gestational diabetes, pre-eclampsia, early miscarriage and recurrent miscarriage are associated with increased risk of diabetes mellitus.

Pre-eclampsia, stillbirth and recurrent miscarriage are associated with increased risk of venous thromboembolism. Pre-eclampsia, gestational diabetes and stillbirth are associated with increased risk of chronic kidney disease.

Gestational diabetes is associated with postnatal depression, and also with increased risk of thyroid and stomach cancers. Stillbirth, miscarriage and recurrent miscarriage are associated with increased risk of mental health disorders including depression, anxiety and post-traumatic stress disorders.

Counselling in the postnatal period following a complicated pregnancy, and advice regarding risk reduction should be available for all women. Further studies are required to establish optimal screening intervals for cardiovascular disease and diabetes following complicated pregnancy.

AN EVALUATION OF THE IMPACT OF COVID-19 ON BENIGN HYSTERECTOMY IN A TERTIARY LEVEL DUBLIN HOSPITAL

Enya Fullston [1], James Walshe [2], Saboohi Tariq [2], Naomi Burke [3]

1. Our Lady of Lourdes Hospital, Drogheda, Co. Louth, Ireland
2. Connolly Hospital, Blanchardstown, Dublin 15, Ireland
3. Connolly Hospital Blanchardstown, Dublin15 & Royal College of Surgeons of Ireland ,Rotunda Hospital

Abstract

Background: The COVID-19 pandemic has had a profound impact on benign elective surgeries worldwide with a widespread deferral of benign elective gynaecology surgery. This has had a substantial effect on patient care and on gynaecology surgical training.

Objective: We aimed to evaluate the impact on the benign hysterectomy service of a tertiary level unit in Ireland in the first two years following the outbreak.

Study Design and Methods: Cases of benign hysterectomy were identified from 1st March 2018 to February 28th 2022 from the hospital database. Group 1 included cases from the pre-pandemic reference years and Group 2 including cases from the subsequent period. Additional information recorded included; patient demographics, triage, waitlist time and cancellations. Statistical analysis was performed using GraphPad by Dotmatics Prism Version 9.0.

Results: There were 77 benign hysterectomies completed in the study period. March to May 2020 had the greatest reduction in cases. A significant increase in waitlist times in the two years post-pandemic from 81.4 days to 141.9 days (p-value <0.01) was observed along with an overall increase in cancellations from 18 to 27 (p-value 0.19).

Conclusion: The hysterectomy service at our tertiary level unit was negatively impacted by the COVID-19 pandemic. While recovery is evident, waitlist times are concerning and on-going initiatives are required to sustain long-term recovery and training.

BONE TURNOVER IN PREGNANCY IS ASSOCIATED WITH BONE MINERAL DENSITY AT TEN YEARS

Catherine McNestry [1], Rachel Crowley [2], Fionnuala McAuliffe [3]
4. UCD Perinatal Research Centre
5. Department of Endocrinology, St. Vincent's University Hospital; University College Dublin
6. UCD Perinatal Research Centre; National Maternity Hospital

Abstract

Objectives: To investigate whether bone health in pregnancy has an effect on bone health in a cohort of women ten years following their second pregnancy.

Methods: This was a secondary analysis of the ROLO Preteen Study, a ten-year prospective longitudinal cohort study of parous women. Data was collected at various time points including demographics, health questionnaires, food diaries, anthropomorphic measurements, urine and blood samples and whole-body DXA scan. Bone turnover markers P1NP and CTX were analysed for a subset of women in the top and bottom quintiles of total bone mineral density at the ROLO Preteen visit (n=126). Data was analysed using SPSS Statistics for Mac Version 27.

Results: Urine nTX, a marker of bone turnover, correlated negatively in early and late pregnancy with total bone mineral density (tBMD) at ten years (p= 0.01, p=0.003), and with total bone mineral content (tBMC) at ten years (p= 0.019, p=0.009). Average calcium intake in pregnancy correlated positively with tBMD (p = 0.023) and tBMC (p= 0.048) at ten years. Bone turnover in late pregnancy correlated positively with bone turnover at ten years (P1NP p = 0.008, CTX p = 0.047). Serum vitamin D in pregnancy and at 10 years correlated negatively with serum CTX at ten years (p=0.022, p=0.044).

Conclusions

Young women with higher bone turnover are at risk of maintaining this pattern as they age, potentially putting them at higher risk of osteoporosis. Higher calcium intake and serum vitamin D in younger women may have a positive effect on later bone mineral density and bone mineral content. Pregnancy is a potential opportunity to reduce postmenopausal fracture risk in women at risk of low bone mineral density.

A QUANTITAVE CONTENT ANALYSIS OF IRISH AND UK WEBSITES PROVIDING MISCARRIAGE AND RECURRENT MISCARRIAGE INFORMATION

Laura Linehan [1], Caragh O'Regan [2], Tamara Escanuela Sanchez [1], Keelin O'Donoghue [1]

1. INFANT Research Centre, University College Cork, Cork
2. Pregnancy Loss Research Group, UCC College of Medicine and Health, Cork

Abstract

Background: Online resources, while convenient, are known to provide information of variable quality on stillbirth.

Objective: The aim was to assess miscarriage and recurrent miscarriage (RM)content provided by websites directed at pregnant women, women experiencing pregnancy loss or couples trying to conceive.

Study Design & Methods: Quantitative content analysis was undertaken on websites in Ireland and the UK, identified using an online search strategy and purposive sampling. Websites were searched for miscarriage information (prevalence, causes, management, complications and supports), risk factors (e.g., smoking), RM-associated conditions (e.g., hypothyroidism) and RM care(investigation/treatment).

Findings: 92 websites were included; 10 professional, 11 charities, 4 support groups, 10 commercial, 23 public health service and 34 private healthcare sites. 68%(63/92) provided at least one point of miscarriage information, while 3%(n=3) contained all points. All commercial websites provided at least one point of information (100%; 10/10), compared to 50% of professional and support sites (5/10, 2/4 respectively). Risk factors for miscarriage were mentioned by 34% of sites (31/92), most commonly obesity (22%, 20/92). Information on RM featured in 32%(29/92) of websites; 80%(n=8)of commercial sites vs. 13%(n=3) of health service sites and no support sites(0/4). RM-associated conditions did not feature in 80% of websites(n=74). Generally, RM investigations, medication and treatment were infrequently mentioned (17%, 16/92; 13%,12/92; 9%, 8/92, respectively) and were absent from public health service sites (0/23). IVF/Pre-implantation genetic testing were mentioned by 21% (20/92) of sites overall and by 70% of commercial sites (7/10). One commercial website contained all points of information on RM.

Conclusion

Pregnancy websites provide insufficient information on miscarriage and RM. To improve awareness and agency, and aid decision-making, medically accurate, reliable and user-friendly online information sources should be provided, ideally by public health services

CAESAREAN SCAR ECTOPIC PREGNANCY

Nagwa Dakeen, Rasha Almola
Galway University Hospital

Abstract

Objective: This is a case report of a patient with caesarean scar ectopic pregnancy.

Background: 38 years old White Irish lady , Para 2+4 , with a history of two previous caesarean sections ,{ last section was 7 month ago complicated by gestational diabetes and pre-eclampsia},had past medical history of Psoriasis, acute liver failure {2012} and neurogenic bladder on intermittent self catheterization and Surgical history of multiple surgical procedures for Cauda equina lesion and spinal cord dermoid { last surgery was complicated by staph –meningitis 2019} , attended the EPAU {Early pregnancy Unit } at six weeks gestation of pregnancy as early referral by her GP in view of her recurrent pregnancy loss ,she was Asymptomatic ,her initial BHCG was 3824 I.U.

Trans Vaginal Ultrasound Scan revealed: Endometrial Thickness {ET=11.2mm}, no gestational sac, and there was a suspicious area which could represent fluid within the caesarean scar or scar ectopic. As she was asymptomatic and clinically stable the plan was serial BHCG level and Follow-up ultrasound scan. 48 hour later, BHCG was 5409 i.u , while the transvaginal scan revealed a gestational sac of (7.7 mm) at the site of caesarean scar ,with yolk sac (2.6) and a singleton foetus with CRL(1.6) &no foetal heart pulsation.

The right ovary looked normal, while the left ovary was not visualized and there was no free fluid. Diagnosis of Scar ectopic pregnancy was made and the patient opted for medical treatment with Methotrexate following detailed counselling. Day 4 and day 7 BHCG continued to rise despite a second dose of Methotrexate and in view of failed medical management, she had surgical evacuation of the caesarean scar ectopic pregnancy and t was discharged in good condition.

Conclusion: Caesarean section scar ectopic pregnancy is a rare with variable presentation and challenging diagnosis that need high suspicion and ultrasound expertise. Cervical dilatation and curettage is the most common method of management specially following failed treatment with Methotrexate

AN AUDIT OF ENHANCED RECOVERY AFTER SURGERY SOCIETY (ERAS) RECOMMENDATIONS FOR PERIOPERATIVE CARE IN CYTOREDUCTIVE SURGERY WITH OR WITHOUT INTRAPERITO

Rebecca Boughton [1], Moninne Murray [2], Claire Thompson [2]
1. The Mater Misericordiae Hospital Dublin
2. The Mater Hospital, Dublin

Abstract

Background: Enhanced recovery programmes have been shown to improve perioperative outcomes by standardising and optimising care. This can shorten length of hospital stay, reduce complications and improve patient pathways. Cytoreductive surgery (CRS) with or without hyperthermic intraperitoneal chemotherapy (HIPEC) is the standard treatment for peritoneal surface malignancies. This surgery is associated with significant tissue trauma and complication rates of up to 50%. This is an audit of adherence to ERAS recommendations for perioperative care.

Objective: To assess adherence to the recommendations and identify areas for improvement.

Methods: A retrospective analysis of 100 patients who underwent major gynae oncology surgery over a 6-month period in the Mater hospital.

Findings: There was 100% adherence to the following recommendations; pre-operative anaesthetic reviews, antibiotic prophylaxis and appropriate skin preparation. Intraoperatively there was excellent adherence to appropriate epidural analgesia and cardiac output monitoring. Post operatively 100% had early extubation, VTE prophylaxis and restrictive blood transfusions.

Areas of moderate compliance to the recommendations included pre-operative fasting and laxative prescription. 12% of patients received pre-operative carbohydrate loading. 17% of patients were prescribed laxatives prophylactically. There was moderate compliance to early mobilisation with 50% of patients mobilising by day 2. 18% of patients had their catheter removed in the first 3 days (37/51)

Poor compliance to the guidelines included a formal nutritional assessment pre and post operatively using a validated nutritional screening tool. This would identify patients who need nutritional support. Identification of anaemia pre-operatively was also an area for improvement 15% had a Hb10 or less. This could be identified as part of a formal nutritional assessment.

Conclusions:

Using an evidence based enhanced recovery programme significantly improves patient morbidity, mortality and leads to significant cost savings.

A REVIEW OF MANAGEMENT OF FIRST TRIMESTER MISSED MISCARRIAGE IN A TERTIARY LEVEL UNIT FOLLOWING THE "MIFEMISO" TRIAL

Enya Fullston, Susan Clinton, Alex Dakin, Vineta Ciprike
Our Lady of Lourdes Hospital, Drogheda, Co. Louth, Ireland

Abstract

Background: The "MifeMiso" trial published in the Lancet in 2020 suggests a combination of mifepristone and misoprostol is superior to misoprostol alone. These findings have been further emulated in service improvement studies carried out in units which have implemented a combination approach. Our tertiary level unit currently follows the national guideline of two doses of 600mcg of misoprostol.

Objective: We aimed to review the current management of first trimester missed miscarriage with particular attention to the efficacy rate associated with medical management.

Method: Following approval from the hospital audit committee a retrospective data collection was completed for cases of missed miscarriage from 1st July 2021 to 30th June 2022. Electronic hospital databases including Viewpoint were utilised. Information recorded included patient demographics, gestational age at time of diagnosis, ultrasound measurements, selected management, and details of subsequent follow up.

Results: A total of 193 patients were identified of which 144 cases had complete data. 49 patients were excluded due to incomplete data or failure to meet inclusion criteria. Analysis showed a propensity to primary surgical management (45%, n=66) compared to conservative (n=39) or medical management (n=39). In the medical management cohort, the rate of complete miscarriage was 61% at two weeks. The rate of incomplete miscarriage when conservatively managed at first repeat scan was high relative to the literature (71%, n= 28). Suboptimal scanning intervals were observed, particularly with conservative management, with 53% re-scanned at one week.

Conclusions: The two main learning areas were the relatively low rates of successful management of missed miscarriage by conservative and medical means and the high propensity for primary surgical management. We plan to implement a service improvement project piloting the use of mifepristone and misoprostol along with provider training on patient selection, counselling, and interval to follow up with a recommended six-month re-audit time.

MULTIDRUG RESISTANT PELVIC INFECTION FOLLOWING FERTILITY-PRESERVING SURGERY: A MULTIDISCIPLINARY TEAM APPROACH TO MANAGEMENT.

Samuel Hunter, Tamara Kalisse, Sinead Kilgarriff, Deirdre Broderick, Deirdre Hayes Ryan
Cork University Maternity Hospital

Abstract

Introduction: We present the multidisciplinary team approach to the management of a complex postoperative infection in a gynaecology setting. A 42 year old nulliparous lady underwent open myomectomy for symptomatic fibroids in Nigeria, which was complicated by severe postoperative infection and multiorgan failure requiring ICU admission. She returned to Ireland 4 weeks after her initial surgery and presented to our unit 4 days later unwell with pyrexia, abdominal pain and superficial wound dehiscence.

Clinical course: Her initial CT abdomen and pelvis showed multiple rim-enhancing pockets of fluid surrounding the uterus, that are not amenable to radiological drainage, with difficulty ascertaining the involvement of the residual uterus. Wound swabs grew Methicillin-resistant Staphylococcus aureus (MRSA), and NDM carbapenemase-producing Enterobacter cloacae, Pseudomonas aeruginosa, and Providencia rettgeri. She was initially treated conservatively with complex antimicrobial agents including meropenum, fosfomycin and vancomycin under the guidance of the microbiologists.

Interval imaging 10 days later did show any improvement. Following a multidisciplinary team discussion, the patient underwent a complex midline laparotomy, subtotal hysterectomy and division of bowel adhesions. Cultures of intra-operative omental samples grew MRSA and Candida auris. She completed 7 days of antibiotics postoperatively and was discharged home 13 days following her surgery.

Discussion: Postoperative pelvic abscess following fertility-preserving surgery can present an incredibly challenging picture. Conservative management with antimicrobials play a significant role in the treatment. However, when multidrug-resistant organisms are identified, particular rare organisms such as Candida auris, source control in the form of definitive surgical resection is pivotal. Multidisciplinary approach to managing such complex cases is key to providing the best care to patients.

AUDIT OF ASPIRIN PRISCRIBING FOR PREVENTION OF PRE-ECLAMPSIA

Saroj Kumari, Mary Christine DeTavernier
Obstetrics & Gynaecology, Portiuncula University Hospital.

Abstract

Pre-eclampsia affects about 3-5% of pregnancies, with significant feto-maternal complications. Low dose aspirin commenced prior to 16 weeks of gestation has been demonstrated to have a statistically significant effect in the prevention of pre-eclampsia.

NICE guideline recommends that patients who meet the risk criteria for pre-eclampsia should have Low dose Aspirin(75- 150 mg OD) from 12 weeks gestation up until delivery. The aim of this study is to assess the adherence to NICE guideline to identify women at risk of pre-eclampsia and use of LDA before 16 weeks. Antenatal charts were reviewed randomly to identify risk factors for pre-eclampsia. Women at risk were identifid. Their charts were reviewed for evidence that Aspirin was prescribed.

Total of 189 charts were reviewed. Risk criteria for pre-eclampsia was met in 12% (N=23) patients, only 52% (N= 12) of these were started on LDA before 16 weeks. One patient had LDA started at 18 wks of gestation. This study showed about half of patients with a significant risk of preeclampsia did not get LDA.

This was Re-audit. The study indicated need for Introduction of Pre eclampsia risk assessment screening tool sheet at the time of booking appointment to improve Aspirin prescribing.

ATTITUDE AND KNOWLEDGE OF MENOPAUSE AMONGST FEMALE HEALTHCARE WORKERS IN UNIVERSITY HOSPITAL WATERFORD

Ibrahim Hegazi, Ciara Nolan, Elmuiz Abdellah Elsideeg Haggaz, Azriny Shaziela Khalid
Waterford university hospital, Department of Obstetrics &Gynaecology

Abstract

Introduction: Menopause is a natural physiological process which occurs between the age of 48 to 55 years in Ireland with average age of 52 years. Approximately 8% of women report experiencing their first menopausal symptoms before the age of 40. In Ireland today, the number of potential peri-menopausal women between the age of 45 and 55 is 239,000.
Despite the fact that menopause affects or will certainly affect almost all women at some stage, there is a paucity of evidence-based information on Irish women's perception, knowledge & concerns regarding menopause.

Aim: The aim of this study was to evaluate the attitudes and knowledge amongst female healthcare workers towards the menopause and treatment of menopausal symptoms.

Methods: This was an observational cross section study among female healthcare workers in University Hospital Waterford. The questionnaire was constructed from the validated MENQOL and MS-TSQ questionnaires.

Results: 60 questionnaires were distributed amongst female healthcare workers in University Hospital Waterford. 85 completed the questionnaires, giving a response rate of 56.67%. Forty-nine of the 85 participants had postgraduate education, 18 had tertiary level, 7 had secondary level and 11 had primary level education only.

Participants were classified into 8 groups according to their age: group 1 (20-29yrs), group 2 (30-34yrs), group 3 (35-39yrs), group 4(40-44yrs), group 5(45-49yrs), group 6 (50-54yrs) ,group 7 (55-59yrs) and group 8 (60-65yrs). We classified the symptoms of menopause from the MENQOL questionnaires into 5 groups of symptoms: vasomotor, mental health, physical changes, energy and concentration, and sexual function.

The most perceived concerning symptoms vary between the eight age groups. Regarding the knowledge of treatment, most of participants found HRT and lifestyle therapies to be the most effective treatment especially for vasomotor and sexual symptoms

Discussion

This study highlighted main menopausal symptoms and concerns expressed amongst different reproductive age group of healthcare workers

TECHNOLOGY AND DOCTORS: AN AUDIT TO REVIEW OUR DATA INPUT COMPLIANCE ON MEDISCAN IN AN AMBULATORY GYNAECOLOGY CLINIC SETTING.

Molly Walsh [1], Workineh Tadesse [2]
1. The National Maternity Hospital. St Michaels Hospital, Dun Laoghaire
2. The Coombe Women and Children's hospital

Abstract

Background: The world is becoming more reliant on technology. In medicine, we have more and more technological tools are our disposal and our health service is moving towards a fully electronic system. Computers should make our audits and data collection process much easier, and hopefully eradicate the arduous task of pulling patient charts, trawling through medical notes and often with illegible handwriting.

Mediscan is an example of software that if we, humans, input the information correctly, we should benefit from continuous and up to date data to help us audit our services and continually improve patient care.

Objective: The purpose of this audit was primarily to review our data collection compliance in an outpatient Ambulatory Gynaecology clinic in a Tertiary Dublin Hospital from Mediscan. Secondary endpoints were patient demographic's, waiting time between referral and appointment, referral reason and BMI. These were secondary endpoints as we know we have an incomplete dataset due to missing information.

Study design: retrospective audit.

Methods: Mediscan is controlled by an external controller who were contacted re data collection. GDPR compliant at all times. Our criteria was first appointments given for the Ambulatory Gynae Clinic from the 1st January 2021 to 31st December 2021 under the 3 consultants using Mediscan. Specific headings were requested to be included.

Findings/ Results: Out of 993 appointments over 12 months, 810 were first visits. The average waiting time to be seen was 56 days and post-menopausal bleeding referrals waited, on average, 39 days. GP's were the main source of referral at 91% (484/530), however 46.9% (464/993) had no source documented. Menstrual irregularities and post-menopausal bleeding accounted for 49% and 42.9% respectively, of referrals but this was only based on a documentation rate of just over 53%. 98% of doctors did not complete the mediscan prompt for plan/ treatment.

Conclusion: Moving forward, ambulatory gynaecology is an amazing service and improving our data collection will help us long term.

NEW FETAL MEDICINE CLINIC IN MAYO UNIVERSITY HOSPITAL (MUH) – THE STORY SO FAR

Molly Walsh [1], Dr Gillian Ryan [2]
1. The National Maternity Hospital. St Michaels Hospital, Dun Laoghaire
2. Mayo University Hospital. Galway University Hospital

Abstract

MUH is a peripheral Obstetric unit with approx. 1500 deliveries/ year. Geographically, it has a large catchment area, with patients often travelling long distances.

As a peripheral unit, any specialized fetal medicine care was previously referred to Galway or Dublin which placed added stress on expectant parents who had to travel for these clinics and possibly delivery.
However, since January, there has been dedicated fetal medicine clinic every Monday in MUH ran by Dr Gillian Ryan. This clinic is in line with the Saolta group strategy initiative to improve patient access to care and to have a high risk antenatal clinic for fetal maternal medicine with a dedicated consultant lead. The clinic has a dedicated sonographer and a NCHD assigned to it.

We undertook a 6 month review of the service so far. 62 patients have been seen from February until July 2022, with an average of 2 visits per patient. Only 5 women have subsequently been referred to the Galway high risk clinic for review. 12 women have benefited from Non Invasive Prenatal Screening provided by the hospital, with 6 women deciding on amniocentesis.

A recent survey among staff involved and utilizing the service found 100% (9/9) believed that having this service locally was beneficial and found the referral process easy with smooth communication of outcomes.

Going forward, we plan to follow up with a patient satisfaction survey and will continue to audit our service.

TO EVALUATE PATIENT SATISFACTION WITH TEMPORARY INCONTINENCE DEVICE USAGE IN WOMEN WITH STRESS INCONTINENCE - A QUALITATIVE STUDY

Molly Walsh [1], Bobby O'Leary [2], Gerry Agnew [1]
1. The National Maternity Hospital. St Michaels Hospital, Dun Laoghaire
2. The National Maternity Hospital

Abstract

Background: The “trans vaginal tape” (mesh) used to be the main stay in the treatment for female stress incontinence however since its national ban in 2018 women have been left with little in the way of a replacement.

Objective: We wanted to see whether there was a role in offering women a temporary device to help with symptom relief while awaiting surgery or as a simple solution for women who suffer solely from exercise induced incontinence.

Study design: Qualitative study. Ethical approval granted December 2020

Methods: Women were recruited from public gynaecology OPD and physio departments on both sites from January 2021 to June 2021 if they met the inclusion criteria and consented. A temporary incontinence device, Diveen, was provided free of charge. Women were asked to keep a symptom diary for 1 week and then use the device at their discretion over the following 3 weeks. Follow up was with a phone call. 25 enrolled. 2 lost to follow up. 4 hadn't used the device on follow up. N= 19.

Results: 53% (10/19) women had a self reported improvement in their symptoms with device use. 70% of this cohort (7/10) were 40-49 years old with a normal BMI. 80% had previously attended physiotherapy previously, 3 hadhad a periurethral bulking agent procedure and 4 were waiting that procedure. Comments included: "able to do yoga and dance again" "didn't need to wear a pad while exercising anymore" "dry pads" "uncomfortable initially". Of the cohort who found <50% improvement (9/19), 4 had some degree of prolapse, 2 were awaiting a pubovaginal sling and 1 awaiting an anterior repair. The main complaint in this group was that they found it uncomfortable/ difficult to insert.

Conclusion: We felt that a temporary incontinence device may benefit women with mainly exercise induced stress incontinence, who have a normal BMI and previously tried physiotherapy. It can be another tool to offer women.

A RETROSPECTIVE REVIEW OF UNSUCCESSFUL OPERATIVE VAGINAL DELIVERIES

Eimear Wall, CM McCarthy, E Kent, F Malone,
Rotunda Hospital, Dublin

Abstract

Background: Unsuccessful operative vaginal delivery (OVD) is associated with high rates of materno-fetal morbidity. Unsuccessful attempts are associated with a potentially difficult fetal extraction at Caesarean Section, as well as complications such as PPH. Predicting difficult or unsuccessful operative vaginal delivery is important to appropriately counsel the patient, and also to consider the location of delivery.

Objective: We aimed to examine institutional rates of unsuccessful OVDs, and identify common factors to aid patient selection and education.

Study Design: A 6-month retrospective observational study was performed of all unsuccessful OVDs in the Rotunda Hospital and were compared to a control group of successful OVDs. Maternal demographics and obstetric factors were assessed to evaluate potential denominators in unsuccessful OVD.

Results: There were 595 OVDs in the study period, with 28 (4.7%) being unsuccessful. Of the latter, nulliparity predominated (25; 89.2%) with a mean maternal age of 30.1 years (range 20-42). 15 (53.5%) women had an induction of labour, 7 (25.0%) of whom had prolonged rupture of membranes (PROM). A Senior Obstetrician was the primary operator in 23 (82.1%) cases, with nearly half (42.8%; 12) occurring between midnight and 8am. The majority were ventouse deliveries (n=17; 60.7%), with a mean birthweight of 3.69kg. Following an unsuccessful OVD, women were more likely ($p<0.05$) to have a postpartum haemorrhage (18; 64.2%) and infant admitted to the NICU (9; 32.1%). The infant was also more likely to be heavier (mean 3.69kg vs 3.47kg, $P<0.05$).

Conclusion: Risk factors for unsuccessful OVD are primiparity and induction of labour. There was a high incidence of postpartum haemorrhage and NICU admission. While a small sample size may limit extrapolation of findings, this is important for patients, as well as to guide clinician education.

TWO SEPARATE EXTRA-ABDOMINAL, ISOLATED LYMPH NODE RECURRENCES IN AN OVARIAN CANCER PATIENT

Sabina Tabirca [1], John Stratton [2]
1. Rotunda
2. Obstetrics and Gynaecology, University Hospital Waterford

Abstract

Introduction: Recurrent ovarian cancer presenting with supradiaphragmatic lymph node recurrence is extremely rare, especially years after remission. This study aims to report a case of two separate recurrent metastasis to distant lymph nodes, 84 and 204 months after diagnosis of high grade ovarian cancer.

Case Presentation: At the age of 31, the patient was diagnosed with stage 1C invasive papillary serous cyst adenocarcinoma ovarian cancer. She was managed with primary debulking surgery and adjuvant platinum-based chemotherapy.

84 months post initial diagnoses, high CA125 and a neck mass, revealed an isolated lymph node recurrence (ILNR) in left supraclavicular lymph node which was refractory to chemotherapy. This was subsequently managed with a radical neck dissection. 120 months after primary recurrence right lung collapse revealed a further ILNR in the subcarinal chain. There was no peritoneal, pelvic or para-aortic lymph node recurrence in both episodes.

Nineteen years after initial diagnosis of ovarian cancer, the patient is doing well and is under close oncological observation every six months. Interestingly, between the two supradiaphragmatic nodal recurrences, she was diagnosed with grade II ductal breast cancer. BRCA1 and BRCA2 gene mutations were not detected.

Discussion: ILNR of OC is relatively rare occurrence and it accounts to about 4% to 6% of patients with OC, representing approximately 10% of the overall recurrences. Its prognosis is favourable with a survival of around 37 months. The presentation of extra-abdominal lymphadenopathy without peritoneal or pelvic and paraaortic nodal involvement is extremely rare.

The most common route for the spread of epithelial ovarian cancer is lymphatic dissemination. Prior to LION's trial in 2019, systematic salpingectomy was routinely performed. The trial showed no benefit from systematic lymphadenectomy with similar overall survival rates and no improvement in progression free survival. In contrast, lymphadenectomy resulted in longer operating time and worse morbidity outcomes for the patient.

AGE-BASED APPROACH TO THE MANAGEMENT OF RECURRENT MISCARRIAGE

Tariq Bholah [1], Sarah Cullen [1], Samantha Doyle [2], Cathy Allen [3], David Crosby [2]

1. Department of Reproductive Medicine, National Maternity Hospital, University College Dublin
2. Department of Reproductive Medicine and Clinical Genetics, NMH, UCD
3. Department of Reproductive Medicine, NMH, UCD

Abstract

Background: Recurrent miscarriage (RM) affects up to 5% of women. [1,2] The incidence of RM is increasing, likely due to improved case recognition and advancing maternal age. [3] Most guidelines advocate a generalised approach to RM in all age groups.

Objectives: We compare the aetiologies of RM and subsequent pregnancy outcomes in women aged <35 years versus >40 years to assess whether a tailored age-based approach to care may be used.

Study Design and Methods: We performed a retrospective review of RM between 2014 and 2021. Data on demographics, clinical features, investigations performed, management and obstetric outcomes in a subsequent pregnancy were separated into female age group: (1) <35 and (ii) >/=40 years.

Findings/Results: There were 488 cases of RM with complete data during our study period. Approximately one quarter of our cohort were aged <35 years (n = 126), while almost one third were >/=40 years (n = 152). Where cytogenetic testing of products of conception was performed, abnormal results were more common in the ³ 40 year old group compared to the <35 year old group (84.8% vs. 41.1%; p=0.0001).

There were no differences in the rates of positive parental karyotype results (8.6% (n=5/58) vs 1.8% (n=1/55); p=0.2), Antiphospholipid Syndrome (7.3% vs 9.3%; p=0.66) or thyroid dysfunction (16.4% vs 13.2%; p=0.49) between the two groups. Subsequent conception rates were lower in the >/=40 year old group (51.3% vs. 77.8%; P=0.0001), however live birth rates were comparable (70.4% vs 61.5%; P=0.26).

Conclusion: Cytogenetic testing of POC should be prioritised in women >/=40 years. This approach may be used to reduce delays in the work up and treatment of women with RM to optimise conception rates. Women may be reassured that live birth rates are similar in both age groups if they subsequently conceive.