

**Study design** Parents were contacted to explain the objectives of the survey and to obtain their consent. Two copies were then sent to each home, one for each partner.

**Results** In total 36 completed questionnaires were returned: 21/29 mothers, 15/28 fathers. Only 38% of respondents strongly agreed that on diagnosis they received written information or contact support. While most felt that they were facilitated in spending high quality precious time with their baby, not all felt this need was met on the labour ward. The majority, 90%, of parents felt post-mortem was explained sensitively but not always clearly. Only 47% of parents met their consultant during their inpatient care, and half felt they did not have a timely postnatal visit to meet a consultant. All parents said that "kindness and sensitivity of staff" was a vital aspect of their care.

**Discussion** These findings identify routes for modifying the care we provide. Prioritising our bereaved parents' views supports and expands an open culture, in which we empower our parents in their continuing grieving process.

**PP.71 ACTIVE DRUG USE VS REPLACEMENT THERAPY OR ABSTINENCE DURING PREGNANCY: IMPACT ON THE OUTCOMES FOR MOTHERS AND BABIES**

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**Aims** To evaluate demographic characteristics of women with history of substance misuse, analyse the differences in the birth weights (term baby) amongst continuous drug users and the abstinent (or on replacement treatment) mothers, and to identify key factors associated with placement of neonate under social services care.

**Methodology** Data was collected retrospectively from a database set up by the Bristol Specialist Drugs and Alcohol Service for all pregnant women with illicit drug use between April 2010 and March 2011.

**Results** Sixty-two women attended the specialist substance misuse antenatal clinic. Only 50% of the women without replacement therapy were first seen within 12 weeks of gestation. Term babies born to mothers who were on replacement therapy or showed abstinence were 350 grammes heavier (3.1 kg vs. 2.75 kg) than the babies born to ongoing illicit drug using group. 73% of neonates whose mothers were still misusing drugs at the time of delivery were taken into care. Postpartum average length of stay for mothers abusing illicit drug during pregnancy was 8.4 days vs. 5.5 days in the abstinent or replacement therapy group. Babies born to mothers using illicit drugs stayed in hospital for an average of 12.3 days compared to 5.5 days for the other group.

**Conclusions** This study provides some initial data, which can be used for patient education and awareness training for a variety of professionals regarding importance of early booking, and evidence based advice to remain abstinent or on replacement therapy, to improve the outcomes of the pregnancy.

**PP.72 REDUCED FETAL MOVEMENTS - HAS RCOG GUIDANCE BEEN TRANSLATED INTO PRACTISE?**

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**Background** NHS clinical effectiveness initiatives aim to promote uniform standards of high-quality evidence based care. Clinical practise guidelines produced by the RCOG are a principle component of such care. We aimed to determine if the publication of the RCOG guideline on 'Reduced Fetal Movements' (RFM), (Feb 2011) had translated into the development of evidence-based policies in maternity units in the UK.

**Methods** UK maternity units were asked to provide a copy of their guideline for the management of reduced fetal movements (May-July 2012). 12 audit criteria were agreed by committee, based on the strongest evidence in the RCOG RFM guideline. Guidelines were then audited to assess concurrence with these criteria.

**Results** Responses were obtained from 50% of units. 12 units had no guideline. The 101 remaining guidelines were of variable length (1-27 pages). 8 were out-of-date and 12 had no review date. Zero unit policies contained all 12 criteria taken from the RCOG guideline. The median number of audit criteria included in any guideline was 7 (26.7%) (range 3-11). The only criterion included in all the guidelines was 'After fetal viability has been confirmed....the woman should have a CTG'. 11 units (10.9%) continue to recommend the use of kick charts.

**Conclusion** The translation of RCOG guidance into effective clinical practise is variable. Research is needed to determine how improvements can be made in this transition.

**PP.73 HEALTH PROMOTION OF THE PREGNANT: ANALYSIS OF SOME INTERVENING VARIABLES**

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**Background** The deficit in preparing women for motherhood is responsible for a higher incidence of complications in pregnancy, childbirth and postpartum, as well as lower prevalence of breastfeeding until 6 months of baby's life.

**Objective** To analyse the relationship of education/information made during pregnancy and preparing women for motherhood.

**Method** This is a non-experimental, quantitative, cross-sectional, descriptive and correlational study with a non-probability convenience sample (n = 195). Data collection was made through a questionnaire comprising a sociodemographic component and obstetric history (previous and current) and a pregnant women's empowerment scale (KAMEDA; SHIMADA, 2008). This data collection instrument was administrated to pregnant women in the third pregnancy trimester.

**Results** 70.8% have breastfeeding information and of these, 40.6% were informed by the nurse. 89.2% of pregnant women surveyed received information about the discomforts of pregnancy and of these, 27.6% were informed by the doctor. 94.4% received information on nutrition and weight gain during pregnancy, and 39.1% said it was the doctor. Information on harmful habits in pregnancy was performed to 80.5% and in 34.4% it was the doctor who transmitted the information. Obstetric variables and the transmitter of information are predictors of the health promotion of the pregnant.

**Conclusions** In order to make choices in a conscious and healthy way pregnant woman should have adequate information at every step of the pregnancy and childbirth. Health professionals (doctors and nurses) should play a facilitating role in acquiring skills of self-care during pregnancy and postpartum.

**PP.74 AUDIT ON THE MANAGEMENT OF MULTIPLE PREGNANCIES AND REVIEW OF OUTCOMES**

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**Aim and methodology** Retrospective audit on the antenatal care and intrapartum outcomes for the women with multiple pregnancies booked at City Hospital over a year. The total number of cases included in the audit were 81 excluding the 4 IUT's from other hospitals and the standards were obtained from the Trust guidelines on management of multiple pregnancy.