

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.

Results On analysis 85% of women had the dating scan between 11–14 weeks and the chorionicity was determined in 100%. Only 67% had documented evidence of counselling for Down's syndrome screening out of which 29% had it done. Interestingly there were no fetal anomalies identified at the detailed scan at 20 weeks.

85% of dichorionic twins and 90% of monochorionic twins delivered after 34 weeks of gestation. The overall survival rate from diagnosis to delivery for dichorionic twins was 97% and 95% for monochorionic twins. The caesarean section rate was 57% and the incidence of caesarean section for twin 2 was 4%.

Abstract PP.74 Table

Total	Normal	IUD	NN Deaths	NN Adms
(MC)	65%	0%	5%	30%
(DC)	77%	1.5%	1.5%	20%

Conclusion The results emphasised the need for good documentation of antenatal counselling especially for down's syndrome screening. The interesting points of note were that the incidence of IUGR in dichorionic twins was 41% and in monochorionic twins was 25% and also the survival rate was similar irrespective of chorionicity. Prematurity was the commonest complication and the reason for neonatal admissions as well.

PP.75 EFFECT OF DRUG MISUSE ON MATERNAL AND NEONATAL OUTCOMES

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Drug and alcohol misuse during pregnancy is often associated with adverse fetal and maternal outcomes, due to the direct effect of the substances on woman and fetus and the generally chaotic lifestyles commonly observed among individuals that abuse drugs. We undertook an audit of mothers who abused alcohol and drugs in Pennine Acute NHS Trust, focusing on the outcomes during the antenatal period, labour, and the postnatal period, as well as the engagement of the mother with antenatal services.

Converse to our expectations, the outcomes for substance-abusing women in the Trust were not overly poor. 71% of pregnancies encountered no fetal problems, with 21% suspected IUGR and 8% other problems, including polyhydramnios, oligohydramnios and reduced fetal movement. 81% of women experienced no problems during delivery; maternal pyrexia (4%), uterine rupture (0.6%), pre-eclampsia (0.6%) and hypertension (0.6%) were among the difficulties encountered. All 155 women had live-births, with 11 neonates requiring admission to the Special Care Baby Unit. 90% of the babies were discharged home with the mother, with 8% going into foster care and the remainder going to another family member's home.

We believe that these positive outcomes could be related to the engagement with antenatal services noted, as the average number of antenatal contacts was 9 visits. This suggests that a dedicated drug and alcohol misuse team are vital in ensuring that substance misusers are engaging with antenatal services, and receiving the care necessary to maximise the chances of a normal pregnancy and the delivery of a healthy baby.

PP.76 USE OF ULTRASOUND IN MANAGEMENT OF OBESITY IN PREGNANCY – CURRENT PRACTISE IN THE WEST OF SCOTLAND

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For a 3-month period, a prospective audit of management of obesity in pregnancy was undertaken in Glasgow and Clyde maternity hospitals.

Two hundred and fourteen women were identified out of a total of 3,834 deliveries during the study period: 76 (36%) had a booking body mass index (BMI) ≥ 40 and 138 (64%) had a BMI of 35–39.

One hundred and ninety-nine women (93%) underwent fetal structural scan to screen for anomalies. Out of these, 168 (84%) had it performed at recommended time period of 18–20+6 weeks' gestation. Twenty-five (13%) women had their structural scan between 21–24 weeks. One hundred and forty-one women (66%) had a complete structural scan at first visit, and the remainder were offered repeat scan. Fifty-five (28%) women returned for rescan and 44 (22%) women had a complete structural survey then.

The assessment of fetal growth was performed in 170 (79%) women, with 43 (20%), 42 (20%) and 59 (28%) of women having had 1, 2 or 3 growth scans. Twenty-six (12%) women had more than 3 scans. At the first growth scan, only 17 (10%) women had a macromorphic fetus with an abdominal circumference (AC) $> 95^{\text{th}}$ centile, while 5 (3%) had a fetal AC $< 5^{\text{th}}$ centile. One hundred and three (48%) women were delivered by Caesarean sections, and 47 of these were performed as emergency surgeries.

In conclusion, there is scope for improvement in sonographic surveillance of these high risk pregnancies. The effective use of sonographic resources may be best achieved by a planned ultrasound schedule.

PP.77 WITHDRAWN BY AUTHOR

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PP.79 CHARACTERISTICS AND OUTCOMES OF TEENAGE MOTHERS IN CAMBRIDGE

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Background Teenage pregnancy is traditionally associated with significant medical problems including pre-eclampsia, pre-term delivery, low birth weight and increased perinatal morbidity and mortality.

Rationale The aim of this audit was to study the obstetric and neonatal outcomes of our local pregnant teenage population and adherence to our guidelines.

Methods Data from 68 teenagers (under 19 years) who delivered in Cambridge between June 2010 and May 2011 was studied retrospectively.

Results 69% of the teenagers booked for antenatal care prior to 12 weeks. 46% were employed or in full time education. 50% of the teenagers smoked during pregnancy and rates of alcohol consumption (8%) and substance misuse (3%) were low. Antenatal care attendance was good; only 1.4% missed two or more antenatal appointments.

Obstetric complication rates were in keeping with the general population. These included gestational diabetes (2.9%), pre-eclampsia (4.4%), intrauterine growth restriction (1.4%) and obstetric cholestasis (1.4%). The Caesarean section rate was only 7.3% while 19% women had instrumental deliveries. 2.9% neonates had a birth weight under 2500 g, and 4.4% required admission to special care. Breastfeeding initiation rates were low (35%) and only 11% had post-natal contraception in place at the time of discharge by the community midwife.

Conclusions Contrary to previous research, our teenage population had similar obstetric and neonatal outcomes compared with the general population. As our population is relatively affluent, this may suggest that social circumstances have a larger role to play in adverse outcome than young maternal age alone.