

that of the population as a whole. Children born following ICSI had fewer total hospital admissions than their IVF peers, the difference did not persist when first admissions were analysed. Different-sex twins, but not twins overall, had lower total hospital admissions than singletons.

Abstract PF.46 Table

ART cohort	All hospital admissions		First hospital admission	
	O (E)	SAR# (95% CI)	O (E)	SAR# (95% CI)
All ART children	1378 (1795.3)	77 (73, 81)	634 (855.3)	74 (68, 80)
Type of ART	928 (1141.7)	81 (76, 87)	413 (542.0)	76 (69, 84)
-IVF treatment	450 (653.6)	69 (62, 75)*	221 (313.3)	71 (61, 80)
-ICSI treatment				
Type of embryo transfer	1153 (1458.5)	79 (74, 84)	512 (697.6)	73 (67, 80)
-Fresh embryo transfer	225 (336.8)	67 (58, 76)*	122 (157.7)	77 (64, 91)
-Frozen embryo transfer				
Plurality	888 (1172.7)	76 (71, 81)	425 (558.1)	76 (69, 83)
-Singleton	189 (293.4)	64 (55, 74)*	113 (139.6)	81 (66, 96)
-Different-sex twins	472 (599.3)	79 (72, 86)	200 (286.6)	70 (60, 79)
-Twins				
Gender	753 (1009.0)	75 (69, 80)	357 (463.4)	77 (69, 85)
-Male	625 (781.7)	80 (74, 86)	277 (390.3)	71 (63, 79)
-Female				

*denotes statistically significantly different to the value directly above
Standardized for age-group, gender and calendar period

PF.47 ROUTINE CERVICAL ASSESSMENT AT ANOMALY SCAN MAY REDUCE NEONATAL MORBIDITY AND MORTALITY ASSOCIATED WITH PRETERM BIRTH

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A recent metaanalysis has suggested that measurement of the cervical length should be performed in conjunction with the anomaly scan (1). We decided to investigate if this recommendation is justifiable in a population where the risk of preterm birth is low.

Methods We reviewed 11 years of obstetric data from the Coombe Women and Infants University Hospital. Relative risks of adverse outcomes from the metaanalysis were applied and we extrapolated the possible numbers of women requiring intervention.

Results Over the 11 years from 1999 to 2010, there were 94,646 singleton deliveries.

There were 881 births (0.93%) as a result of spontaneous labour from 19–34 weeks, of which 805 were livebirths. Applying the figures from the metaanalysis 1609 women who had a singleton pregnancy could be expected to have a cervical measurement <15 mm. If none of these women received progesterone we could expect 515 women (32.1%) to deliver at <34 weeks. If we gave progesterone to all these women we would prevent 281 births at less than 34 weeks (17.5%). Therefore we would reduce the delivery rate before 34 weeks by 234 pregnancies, which is 21 babies a year.

Conclusion In units where the spontaneous preterm rate is low it is difficult to suggest that routine cervical measurement is justified. Each individual hospital should evaluate the possible benefits of universal screening for a short cervix prior to instigating a policy of performing a transvaginal ultrasound assessment of cervical length at the time of the anomaly scan.

REFERENCE

- Romero *et al.* Vaginal progesterone in women with an asymptomatic sonographic short cervix in the midtrimester decreases preterm delivery and neonatal morbidity: a systematic review and metaanalysis of individual patient data. *American Journal of Obstetrics & Gynecology* 2012;206:e1-124.

PF.48 PRENATAL DIAGNOSIS OF MODERATE AND SEVERE CEREBRAL VENTRICULOMEGALY – OUR EXPERIENCE AN A SINGLE TERTIARY REFERRAL CENTRE

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The diagnosis of fetuses with cerebral ventriculomegaly >1.2 mm prenatally is challenging due the number of possible etiologies and variable prognoses. Recommended investigations include ultrasonographic assessment, TORCH screening, MRI evaluation along with specialised paediatric postnatal follow-up. There is limited data about the antenatal course and obstetric outcomes of affected pregnancies managed expectantly. We sought to evaluate all cases of prenatally diagnosed moderate to severe ventriculomegaly managed in our centre. We performed a retrospective cohort study of patients attending/referred to the Rotunda FAU from 2006–2011. Cases were identified from the FAU database and included for evaluation if ultrasonographic measurements >1.2 mm in either/both cerebral ventricles were documented. During this six year period, there were 71 cases identified that met study criteria with pregnancy outcome data available for 65 cases. Of these 83.1% (54/65) elected to continue the pregnancy following diagnosis with 44/54 continuing their care in the Rotunda Hospital. The mean gestation at time of ultrasonographic diagnosis was 24 + 3 weeks (14 + 4 – 39 + 4). Other prenatal investigations performed included 23 amniocenteses, 17 TORCH screens and 12 fetal MRIs. Vaginal delivery was achieved in 33.3% of women (n = 13) (mean HC 325.9 mm) with the remaining 66.7% (n = 26) undergoing caesarean section (mean HC 347.9 mm). The majority of cases with ventriculomegaly >12 mm were managed expectantly within our unit. We found that this finding had a significant impact on the mode of delivery. Overall less than 50% cases had a definitive aetiology prior to delivery which highlights importance of thorough paediatric follow-up postnatally.

PF.49 TERM ADMISSIONS TO THE NEONATAL UNIT; ARE THEY AVOIDABLE?

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Introduction Approximately 10% of all babies born require admission to the neonatal unit and term infant represent a significant percentage of NICU admission and are major contributors to workload.

Aim To identify potentially avoidable admissions of term babies to neonatal unit and common avoidable factors.

Background Neonatal intensive care and special care nurseries provide a level of care that is both high in cost and low in volume. Term infant represent a significant percentage of NICU admission and are major contributors to workload.

Methods Retrospective audit from 01/01/2011 to 31/12/2011, patient list obtained from SCBU data base.

Results Total number of deliveries was 3882. Total admissions to SCBU were 316. Term baby admissions (>37 wks) were 117 (37%). 55% of babies stayed 3 to 5 days in SCBU. 19% babies required respiratory support. Readmission needed in 4 cases. External transfer was done in 8% (9) cases for reasons like cooling, surgical opinion and severe jaundice. No perinatal mortality was noted in these series.

Maternal profile 70% of the mothers were without any obstetric or medical risk factors. 50% mothers came in spontaneous labour. 50% of these mothers were delivered by vaginal delivery.