

Hospital and required ventilation support as the hypertrophy and severity dramatically increased.

The patient's anomaly scan was normal and a fetal echocardiography did not show any signs of congenital, valvular, or structural abnormality. Neonatal hypertrophic cardiomyopathy usually has a poor prognosis that is not secondary to a cardiac malformation with the exception of transient hypertrophic cardiomyopathy in neonates of diabetic mothers [1].

Myocardial ischaemia can develop following acute fetal distress and the common neonatal manifestations of this include cardiac failure, tricuspid or mitral insufficiency [2,3].

There is an increased risk of hypertrophic cardiomyopathy among newborns of diabetic mothers [4]. Around 1 in 5000 people are affected in the UK, but the majority are in their teenage years or early adulthood [5]. As a result, there is little literature regarding this condition and we aim to establish suitable antenatal care and heighten awareness with particular attention to the surveillance of neonates after acute fetal distress. We also recommend a multidisciplinary team approach with the maternal and fetal medicine departments.

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## PF.77 CAN ABNORMAL MATERNAL SERUM MARKERS ANALYTES BE USED TO PREDICT OBSTETRICAL OUTCOMES?

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**Introduction** A variety of other pregnancy outcomes other than neural tube defects and aneuploidy have been associated with abnormal values of different analytes used in second trimester screening tests.

**Aim** To review the obstetrical outcomes associated with abnormally elevated or decreased level of maternal serum marker analytes used in second trimester screening for aneuploidy.

To provide guidance to facilitate the management of these pregnancies and to assess the usefulness of these markers as a screening test.

**Method and Setting:** Retrospective analysis of 102 case notes with high risk screening result just over a period of two years from January 2007 – May 2009 at Manor Hospital, Walsall.

**Results** 102 patients were included in the study. 77% of the patients had high risk results for Down's syndrome out of which 67% of them accepted amniocentesis. Chromosomal abnormality was identified only in three fetus.

24 women had high risk results for neural tube defects and 3 women had fetus with CNS abnormality.

70% of the women had normal outcome. Less than 1/3 rd of the women developed complication like pre-eclampsia, placental problems like low lying placenta, adherent placenta, abruption etc and difficulties in induction of labour.

45% of fetus had abnormal outcome. Majority (45%) were small for gestation less than 10<sup>th</sup> centile followed by preterm delivery and macrosomia.

**Conclusion** Down's screening analytes have low predictive accuracy but may be useful means of risk assessment or of use when combined with other maternal factors.

## PF.78 ANTENATALLY DETECTED BILATERAL PLEURAL EFFUSIONS WITH FAVOURABLE POSTNATAL OUTCOME

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Pleural effusions are relatively uncommon in neonates. Most often it is a marker of underlying pathology rather than diagnosis in itself. If bilateral pleural effusions are detected antenatally, this carries an extremely poor neonatal prognosis. The case below demonstrates good team working and liaison between Obstetrics and Neonatal team with prompt management which led to a favourable outcome.

Bilateral pleural effusions were detected from early gestation. Delivery was by Caesarean section at 34 weeks after the findings of absent end-diastolic flow in the uterine artery and suboptimal CTG.

Excellent communication between Obstetrics and Neonatal team ensured adequate preparation for resuscitation of this baby. Senior consultant involvement in the initial management lead to prompt treatment, including bilateral drainage of pleural effusions and high pressure ventilation to achieve oxygenation. High flow oxygen ventilation and Nitric Oxide therapy were administered for pulmonary hypertension. The effusions persisted and the milky white appearance of the fluid draining led to suspicion of chylothorax. This was confirmed on pleural fluid analysis. The baby was then transferred for a respiratory opinion at a tertiary centre.

High resolution CT scan ruled out Pulmonary Lymphangiectasia. A lung biopsy was performed that showed Pulmonary Interstitial Glycogenosis (PIG) which carries good prognosis. The baby's effusions resolved and, following steroid therapy she was extubated and discharged home self-ventilating in air on day 56.

Antenatal and postnatal images will be included in this presentation.

## Maternal Medicine Posters

### PM.01 MANAGEMENT AND OUTCOMES OF HELLP SYNDROME IN THE UK

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**Objective** To describe the current management and outcomes of HELLP (haemolysis, elevated liver enzymes and low platelet count) syndrome in the UK.

**Methods** A national descriptive study using the UK Obstetric Surveillance System, including all women diagnosed with HELLP syndrome between June 2011 and May 2012.

**Results** 109 women were identified with HELLP syndrome. 69 women (63%) were diagnosed with HELLP syndrome antenatally at a median gestation of 35 weeks (range 21–41). 54% (37/68) of antenatally diagnosed women had a planned management of immediate delivery and delivered a median of 3 h 37 min after diagnosis (range 53 min–21 h 26 min); 43% (29/68) had a planned management of delivery within 48 h and delivered a median of 11 h 40 min after diagnosis (range 1 h 28 min–74 h 43 min); only 2/68 had a planned attempt at expectant management, with one delivering 3 days and the other 12 days after diagnosis. Overall, 41% (45/109) of women received corticosteroids (only three for maternal indications, two of whom were diagnosed postpartum), 78% (84/108) received antihypertensive medication and 78% (85/109) were given magnesium sulphate. Severe morbidity was noted in 15% (16/109) of the women and one woman died (case fatality 0.9%, 95%CI 0.02–5.0%). Major complications were reported in 9% (10/108) of infants and there were two perinatal deaths (perinatal mortality rate 18 per 1,000 total births, 95%CI 2–62). All cases associated with major