improvements in outcome over the last decade for women with CHT managed in our unit. Underlying mechanisms for adverse events in women with CHT should be studied and racial differences explored.

PM.45 INCREASED NT – A RETROSPECTIVE AUDIT FROM A UNIVERSITY HOSPITAL

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The Aim of this audit was to ensure that our teaching hospital was continuing to provide good quality care for women who were screened and presented with increased nuchal translucency (NT) >3.5 mm. We had initial difficulty identifying these women.

We identified 54 women with an NT greater than 3.5 mm. The NT mean ± SD was 5.5 ± 1.9. Of these 46/54 (85%) agreed to an invasive test. Two women were referred to the regional fetal medicine department. Therefore 44 women underwent invasive testing within our department. Mean gestation age was 13 weeks for chorionic villous sampling and 17 weeks for amniocentesis.

All 44 were performed using ultrasound guidance using a 19 or 20 G needle. There was one failed attempt in those undergoing CVS and one with amniocentesis. There were no miscarriages in these women undergoing invasive testing. Five women required anti D and all received it. None of those undergoing testing had a bloody tap or post procedure infection.

Twelve fetuses had abnormal karotypes with trisomy 13 (n = 2), trisomy 18 (n = 4), trisomy 21 (n = 4) and Turners (n = 2). Of these 8 underwent termination of pregnancy, with 3 women going to term with trisomy 21 and 1 with trisomy 13.

Despite our unit achieving 100% compliance with the standards set by the Green-top guideline No8 Amniocentesis and CVS, there was initial difficulty in identifying those with abnormal screening results. As a result of this audit, a computerised logbook of all procedures has been created to help with future auditing.

PM.46 REDUCING THE RISK OF THROMBOSIS AND EMBOLISM DURING THE PUERPERIUM: HOW COMPLIANT ARE PATIENTS WITH THROMBOPROPHYLAXIS TREATMENT?

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Introduction Our unit adopted guidelines incorporating the RCOG advice on reducing the risk of thromboembolism in pregnancy and the pureperium[1] in 2010. All women with 2 or more risk factors are offered a once daily 7 day course of low molecular weight heparin (LMWH) injections immediately following delivery. A previous study in our unit suggested that 41% of patients would meet the criteria for postnatal thromboprophylaxis[2].

Methods Patients were recruited in the antenatal clinic or on the postnatal ward. They were contacted after delivery by telephone and asked a series of questions related to their compliance with thromboprophylaxis.

Results Of 67 patients only 56 (84%) had completed the full course.

The most common reasons for not completing were: didn't feel it was helping; bruising or wound complications; dislike of needles and forgetting.

Thirteen (19%) did not feel they received enough information regarding thromboprophylaxis.

Regarding the injections: 40 (61%) self-injected; 22 (33%) asked family; 4 (6%) asked health professionals.

Sixty two (93%) would take thromboprophylaxis if indicated in a future pregnancy.

Conclusions Reported patient compliance with 7 days of postnatal thromboprophylaxis is high. Most patients are prepared to self-inject although a substantial number required help to administer the injections. The majority would accept the medication if required in a future pregnancy. Some did not feel they had adequate information and this could be addressed in our unit.

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PM.47 LIFESTYLE HABITS IN OBESE PREGNANCY: A CASE-CONTROL STUDY

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Introduction Obesity is rapidly becoming prevalent amongst the obstetric population and has been linked to many complications such as gestational diabetes mellitus, preeclampsia and thromboembolism[(1)]. There is a paucity of literature examining the lifestyle habits of obese pregnant women, which may be contributing to such complications.

Methods Sixty-two obese pregnant women (body mass index (BMI) 30.0–39.9 kg/m^2; mean = 34 kg/m^2) were matched by age and ethnicity to 124 non-obese pregnant women (BMI 20.0–29.9 kg/m^2; mean = 25 kg/m^2). A structured questionnaire was used to assess self-reported lifestyle habits.

Results Based on self-reported walking and other activities, 39% of the obese group and 35% of the control group met current guidelines for exercise in pregnancy[(2)] (P = 0.589). The obese group were more aware of calories on food labels (63% vs 38%; P = 0.003) and were more likely to drink low fat milk (53% vs 28%; P = 0.005). Prior to pregnancy, the recommended upper limit for alcohol intake of 11 units or more per week was exceeded by a greater percentage of obese women (18% vs 4%; P = 0.004). Smoking during pregnancy was also more prevalent in the obese group (10% vs 1%; P = 0.003).

Conclusion While obese women appeared to be more aware of certain healthier lifestyle choices, their alcohol intake exceeded that of the control group prior to pregnancy, which may have contributed to a greater calorie intake. Further research is needed into possible causes of maternal obesity, such as actual dietary intakes and food portion sizes. This could aid the development of more effective lifestyle interventions for pregnancy.

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PM.48 A CASE OF HAEMOGLOBIN SUN PRAIRIE IN PREGNANCY

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