

Objectives To review the safety and efficacy of LAM in reducing the perinatal transmission of HBV.

Methods Medical charts of HBV positive women who received treatment with LAM and who booked for antenatal care between 2007 and 2012 were retrospectively reviewed.

Results Between 2007 – 2012, 34 pregnant HBV positive women received treatment with LAM during the third trimester. All were HbeAg positive, and 6/34 were anti-HbCore IgM positive, indicative of acute infection. Where tested, the predominant genotypes were B and C, occurring in 16/32 and 11/32 respectively. Genotype D was noted in 4/32 women. One woman was co-infected with Hepatitis C.

Mean viral load (VL) pre-treatment was $>1 \times 10^8$ IU/ml, mean VL closest to delivery was 6.5×10^6 IU/ml ($P < 0.001$). No resistance to LAM was identified in the 70% who were tested post treatment.

Median delivery gestation was 39 weeks (range 37–41 weeks); 17/33 had a normal vaginal delivery, 5/33 had an instrumental delivery, 9/33 had a C section, 2 delivered elsewhere and one patient is still pregnant. Median birth weight was 3.49 kg (range 2.33–4.72 kg). All babies received HBV IgG and the first dose of vaccine within the first 24 hours of life. Of 33 live born infants, 17 were not infected, 8 left the country prior to the 8-month serology test, 6 have serology pending (not yet 8 months) and 2 were lost to follow up.

Conclusions Treatment with LAM is a safe and effective. No vertical transmission of HBV was noted, and no adverse maternal or fetal effects were reported.

PM.63 INTERNATIONAL VOLUNTEERING TO PROMOTE MATERNAL AND NEWBORN HEALTH: OPTIMISING IMPACT

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This paper presents the results of an interim evaluation of an initiative funded by the Tropical Health Education Trust (THET) and hosted by the Liverpool-Mulago-Partnership. Internationalisation is becoming an essential dimension of clinical careers resulting in a growth in professional volunteering in developing countries. The Ugandan Maternal and Newborn Hub, formed in 2011 seeks to reduce maternal and newborn mortality in Uganda through improved partnership.

In 2012 the HUB was awarded funding through THET's Health Partnership Scheme to set up the 'Sustainable Volunteering Project' (SVP). The SVP is responsible for the recruitment, deployment and evaluation of professional volunteers across the HUB. It aims to:

- Reduce Maternal and Newborn Mortality in Uganda through the placement of professional volunteers.
- Develop, promote and evaluate a model for sustainable and effective professional voluntarism

Working in close partnership with the Association of Anaesthetists of Great Britain and Ireland, the Royal College of Obstetricians and Gynaecologists, the Royal College of Paediatrics and Child Health and the Royal College of Midwives the SVP aims to provide a more supportive and effective environment for clinical volunteering.

The paper presents results of the interim evaluation outlining key areas of intervention including the reduction of caesarean-section rates through instrumental (vacuum) delivery; the promotion of Early Warning Scoring Systems; Infection Control and High Dependency Maternal/Neo-natal Care. It assesses the role of clinical volunteers in promoting sustainable change in development settings and in terms of the acquisition of clinical skills and experience for early career clinicians returning to the UK.

PM.64 PREGNANCY OUTCOMES IN WOMEN WITH SICKLE CELL DISEASE AT A LONDON HOSPITAL (2006–2012)

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Introduction SCD is associated with both maternal and fetal complications including pre-eclampsia, growth restriction and stillbirth together with an increased frequency of acute painful crises.

Method This was a 6-year retrospective audit of 56 pregnant women with SCD: 22 HbSS & HbS-beta(0); 27 HbSC; 7 HbS-beta(+).

Setting The women were all managed by the same multidisciplinary team, which included haematologists, obstetricians and a specialist SCD midwife.

Results There were few obstetric antepartum complications (2% pre-eclampsia, 2% antepartum haemorrhage). However, 35% were admitted with acute painful crises. 7 women underwent regular exchange transfusions for severe pre-existing maternal disease and significant obstetric history. There were no maternal deaths in this cohort.

9% of women with SCD were delivered before 34 weeks. 64% of women were delivered by caesarean section (61% emergency, majority of which were for failure to progress).

Out of the 56 pregnancies, there were 54 live births, 2 stillbirths (one unexplained at 40 weeks, one with severe growth restriction at 27 weeks), and 1 neonatal death (day 8 secondary to disseminated herpes simplex).

Discussion The Green-top Guideline (No.61, 2011) suggests all those with SCD should be on low dose aspirin from 12 weeks, have appropriate management of painful crisis and undergo extra scanning with uterine artery dopplers.

Most of these pregnancies predate this RCOG guideline. It would be interesting to note if further improvements in outcome will follow recent recommendations. SCD is the commonest and fastest growing single gene genetic disorder in the UK and these women benefit from specialised multidisciplinary care.

PM.65 TO EVALUATE THE EFFECTS OF ANTI-PSYCHOTIC MEDICATIONS TAKEN IN PREGNANCY, COMPARED TO ANTI-DEPRESSANTS AND A CONTROL GROUP WHO HAD MENTAL ILLNESS, BUT WERE NOT ON MEDICATION. THE SETTING WAS A SPECIALIST ANTENATAL LIAISON MENTAL HEALTH CLINIC

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Objective Perinatal mental illness presents challenges to obstetricians. Mental illness of all severities can have an impact on maternal and infant outcomes. There is an increasing evidence for the use of anti-depressants in pregnancy, but a paucity of data for women using anti-psychotics.

Design A retrospective casenote review of all cases attending an antenatal mental health clinic between April 2011–12.

Setting Background fetal growth restriction rate 13%

Results 282 women were referred to the clinic. 215 had depressive disorders, with 139 (76.2%) on psychotropic medication. 132 (87.4%) of the women were on antidepressants and 18 (12%) on anti-psychotics. 28 (20%) babies were below the 10th centile & 19 (13%) were diagnosed with a congenital abnormality at birth. 72 had anxiety disorders with 32 (63%) on antidepressants and, 10 (20%) on atypical anti-psychotics, 5 (10%) had babies diagnosed with anomalies at delivery. 14 (29%) babies in this group were below the 10th. 5 women with psychotic disorders were all on anti-depressants and anti-psychotics. 2 (40%) of the babies were below