conflicting. One study found that although anal sphincter injury was increased five-fold at next delivery compared with all multiparae, 95% of women delivering vaginally after a previous third degree tear did not sustain further overt sphincter damage. (1).

In this institution it is recommended that all women with a prior history of ASI are seen at a perineal clinic in the third trimester in subsequent pregnancies.

Objective To assess the mode of delivery following a previous anal sphincter injury (ASI) and to evaluate perineal outcome following vaginal birth.

Methods A retrospective search of the hospital PAS systems was conducted on patients who had a delivery following an ASI from 2010 – 2012. Variables were described by counts and percentages and analysed using SPSS version 20.

Results Between January 2010 and July 2012, 147 women with previous ASI were assessed in the third trimester regarding mode of delivery. The results highlight risk factors for ASI and summarise factors which influence decision for subsequent mode of delivery. Perineal outcomes are documented for those who delivered vaginally.

Conclusion This paper highlights the importance of individualised antenatal assessment in patients who have previously sustained ASI. Patients who have prior ASI may have a personal preference when considering mode of delivery, but a specialist clinic affords them opportunity for detailed discussion. Many women went on to have uncomplicated vaginal deliveries after previous ASI.

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PL.70 OUT-PATIENT PROPESS USE (CONTROLLED RELEASE PGE2 PESSARY) – AUDIT OF USE IN DISTRICT GENERAL HOSPITAL

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Background Propess is a controlled release pessary which releases 0.3 mg of Dinoprostone per hour. As there is constant release rate, this would ensure steady Progesterone concentration and reduce the risk of hyperstimulation. Also, the need for one vaginal examination as opposed to one every 6 hrs improves patient acceptability.

Aim The aim of the audit was to look at the practise of using the first Propess on an out-patient basis with informed consent. We looked at the pregnancy outcomes after the Outpatient use of first Propess.

Method Prospective audit was done looking at the practise of using the first Propess.

Only low risk patients were given an option for Out-patient Propess. Informed verbal consent was obtained and open access to ward was given after Propess insertion. **If anyone needed any further Propess, this was carried out as an in-patient.** Initial proforma was filled in by the midwife and the notes were reviewed after delivery.

Results We looked the patients between the time period of 15/5/10 to 31/12/10. 57 women opted for Out-patient management.

67% of women who laboured with Propess alone were Nulliparous
There were no adverse outcomes.
APGARs at 5 min were >9 for all babies
No admissions to neonatal unit
Avg. blood loss at delivery 388 ml

Conclusion Outpatient use of first Propess does not alter pregnancy outcomes and does not increase the risks to baby.

When used selectively, the out-patient IOL is safe and effective alternative to patient admission.

Out patient use of Propess has decreased hospital stay.

20/57 women did not need a review prior to 24 hrs equalling 480 hours of saved in-patient care.

PL.71 PAIN IN LABOUR: COMPARATIVE STUDY BETWEEN WOMEN UNPREPARED AND PREPARED BY THE PSYCHOPROPHYLACTIC METHOD

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Background Pain relief is associated to biological, sociocultural and psychological factors. Supporters of preparation for childbirth claim that the main causes of pain result from the triad fear, tension and pain.

Objectives To determine if mothers using the psychoprophylactic method of childbirth perceive less pain than those not prepared, and analyse the influence of age and self-concept in the perception of pain in labour.

Methods This was a comparative, cross-sectional study with a sample of 103 mothers (50 prepared, 53 unprepared). The data collection instruments include a questionnaire with a socio demographic and obstetric characterization and scale of self-concept of Vaz Serra. Pain was assessed with a numerical scale, on three occasions (beginning of labour, active phase and postpartum).

Results The unprepared mothers perceive more pain in early labour and active phase. The prepared mothers reveal more pain in the immediate postpartum, with statistically significant differences in the onset and active phase of labour. The age of the prepared mothers does not influence the perception of pain at the beginning of labour and in the immediate postpartum; in the unprepared mothers it does not influence the active and post-partum phases. In prepared parturients, increase in self-concept decreases the perception of pain, while unprepared mothers do not reveal statistically significant differences.

Conclusions As a preparation for childbirth decreases the perception of pain, we recommend this method to be implemented in services monitoring the health of pregnant women.

PL.72 RISK FACTORS FOR MANUAL REMOVAL OF PLACENTA ACROSS PARITY

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Background Retained placenta is a complication of the third stage of labour that is associated with increased rates of post-partum haemorrhage. Previous research identified risk factors related to maternal demographics and delivery related variables, but both clinical practises and patient variables have since changed. This study re-examines risk factors for manual removal of placenta (MROP) across parity.

Method This case-control study was conducted at the National Maternity Hospital in Dublin Ireland from January 2011 to Dec 2011. A chart review of all liveborn, singleton, vaginal deliveries was conducted to investigate maternal and delivery related variables in relation to retained placenta. Women were grouped based on the need for MROP as well as by parity. Statistical analysis was performed using chi square tests and odds ratios.

Results 7163 deliveries met the study criteria and 190 (2.65%) required MROP. Risk factors that were identified were parity, two or more miscarriages, previous ERPC, gestation at delivery, and oxytocin to accelerate labour. When divided based on parity, increased