

maternal age was a significant risk factor for primiparous patients. For both groups, MROP was associated with greater blood loss.

Conclusion These results show an increase in the rate of MROP as compared to earlier studies and identifies similar risk factors. Of note, maternal age in primiparous women and use of oxytocin are factors that have undergone change since earlier studies and may be contributing to the rise in the rates of MROP in the industrialised world.

PL.73 DOES WHO WALKS INTO THEATRE MAKE A DIFFERENCE FOR SECOND STAGE DELIVERIES AND SHOULD IT?

doi:10.1136/archdischild-2013-303966.255

HR Simpson. *James Cook University Hospital, Middlesbrough, UK*

Detailed statistics on individual accouchers have been kept from 2009 at JCUH. This paper is based on that data. It considers the influence of individual accouchers on the success rate of second stage delivery in theatre.

Consultant attendance is currently 92%. Before the introduction of 98 hour cover attendance was 74%.

There was considerable variation in the success rates of individual accouchers from 20–78%. If instrumentation was attempted then rates varied from 40–87%.

Complication rates of the successful trials were compared. The consultants were split into three groups:

- Success rate of $\leq 40\%$
- Success rate of 41–70%
- Success rate of $> 70\%$

The least maternal complications (third/fourth degree tear and PPH > 1.5 l) occurred in the group with the highest success rate.

The number of neonatal complications (NNU admission of a baby > 37 weeks, apgar < 7 at 5 mins, cord ph < 7.1 and shoulder dystocia) were very small but they did not increase in the group with the higher delivery rate.

Conclusions there is considerable variation in success rates in women taken to theatre in the second stage dependant on the accoucher. If we are to lower the caesarean section rate we need to look at the skills of individuals. A higher success rate does not appear to be associated with a higher complication rate. Further assessment is required looking at the complications of caesareans in the second stage. Data collection has commenced in 2012 to try and look at this further.

PL.74 INDUCTION OF LABOUR WITH PROPESS®

doi:10.1136/archdischild-2013-303966.256

M Isdale, J Danson-Smith, J Amu. *Blackpool Teaching Hospital NHS Foundation Trust, Blackpool, UK*

Introduction Propess® is a vaginal delivery system that consists of a non-biodegradable polymeric drug delivery device containing 10 mg dinoprostone (Prostaglandin E₂) dispersed throughout its matrix. Introduction in most units as a method of induction of labour is largely due to reported benefits which include effectiveness and better patient experience.

Objective To evaluate the use of Propess® for induction of labour and the pregnancy outcome of the recipients.

Method A retrospective review of all induction of labour undertaken with Propess® over 4 months. Data was extracted from Euro king database unto excel for analysis.

Result 66 patients, with parity not more than 3, were induced with Propess® at term. The commonest indication for induction was post maturity (74%) however 4 (6%) high risk patients were induced with Propess®. 93% of patients who achieved spontaneous vaginal delivery received single dose Propess®. Patients delivered

through caesarean section had slightly bigger babies (SVD 3.666 kg; CS 3.713 kg), were more likely to receive additional agents (prostin) to ripen the cervix and syntocinon to augment labour. Overall 55 patients (83%) achieved vaginal birth (spontaneous and assisted) and 17% via emergency caesarean section.

Conclusion Propess® is a cost effective agent for induction of labour as over 80% of patients achieved vaginal birth after single dose. However further studies are required to determine choice and/or dosage of additional cervical ripening agents suitable for use when single dose Propess® fails. This will help to reduce the number of caesarean sections performed for 'failed induction' after single dose Propess®.

PL.75 AN AUDIT OF LOWER URINARY TRACT INJURIES IN A LARGE OBSTETRIC UNIT – 2 YEAR OUTCOME

doi:10.1136/archdischild-2013-303966.257

BD Upadhyay. *St George's University London, London, UK*

Objective The main objective of this audit was to investigate the number of bladder injuries after delivery and compare it to the existent incidence in literature.

Method Retrospective medical record review of patients in Kingston Hospital's Obstetric department who had suffered from either ureteric or bladder injury between January 2011 and November 2012. A record of all these patients was recovered from the Obstetric electronic database.

Results There were a total of 11,246 deliveries between January 2011 and November 2012. Out of these 6,356 were normal vaginal deliveries, 1,684 were instrumental deliveries and 3,206 were caesarean sections. There were 6 cases of bladder injury found, all during caesarean section. 3 out of the 6 cases had caesarean section before the index pregnancy. 3 others had placenta praevia. Of these 3 previous caesarean section patients, 2 were unsuccessful at vaginal birth after caesarean section. One of them had a scar dehiscence extending to the bladder. Subsequent repair in all 6 cases was successful as indicated by normal imaging and a successful trial without catheter following 2 weeks of being catheterised.

Conclusion The rate of bladder injury found was 6/11,246 deliveries between January 2011 and November 2012. The incidence of bladder injury following caesarean delivery, 6/3,206 is comparable to the literature. This study also found that having a previous caesarean delivery increased the likelihood of having a bladder injury after caesarean delivery. Subsequent repair of bladder injury demonstrated good success rates.

PL.76 FAILURE TO IDENTIFY THE NEW ONSET OF INTRAPARTUM RISK FACTORS IN LOW RISK PREGNANCIES: A MISSED OPPORTUNITY FOR BETTER NEONATAL OUTCOME

doi:10.1136/archdischild-2013-303966.258

¹NM Doherty, ¹K Connor, ¹G Krystowski, ^{1,2}J Costa. ¹Royal Jubilee Maternity Hospital, Belfast, UK; ²Queens University, Belfast, UK

Objective Evaluate the risk factors and immediate outcome of term neonates born with Apgar Score (AS) of < 7 at 5 minutes.

Methods Retrospective review of maternity database to identify 187 live born neonates with AS < 7 @ 5 minutes, during a 2 year period, in a large tertiary care unit in N.Ireland. Excluding multiple pregnancies and neonates born preterm or with congenital malformations, a sample of 57 term neonates were identified for analysis of case notes.

Results 63% of mothers were primigravida, at 37 weeks or more, with 54% of them being forty weeks or more at delivery. Only 28% of pregnancies were known to be high risk at the onset of labour

while 73% of low risk pregnancies developed intrapartum risk factors such as maternal pyrexia, tachycardia and meconium. Only 7.3% experienced significant intrapartum events (abruption, shoulder dystocia). 37% of all neonates were admitted to the neonatal unit with 62% of them needing intubation. 92% of babies needing intubation were from low risk pregnancies who developed intrapartum risk factors, most of which were not recognised and acted upon appropriately.

Conclusion Low AS in term neonates seems to be associated with new onset of intrapartum risk factors rather than pre-existing risk factors. Birth attendants should pay more attention to early recognition of risk factors through continuous risk assessment, and intervene appropriately, in order to prevent unexpected poor neonatal outcome.

PL.77 COMPLIANCE IN OBSTETRICS AND GYNAECOLOGY SHIFTS HANDOVER – RE-AUDIT

doi:10.1136/archdischild-2013-303966.259

A Yulia, C Pun, A Wijesiriwardana. North Cumbria NHS Trust, Carlisle, UK

Aims

1. To assess the quality of effective handover practise and to improve patients' care.
2. To compare the handover practise with NHSLA guidelines.
3. To access if audit recommendations have been addressed.

Background Handovers aim to convey high-quality and appropriate clinical information to oncoming healthcare professionals to allow for the safe transfer of responsibility for patients. Effective handover between shifts is vital to protect patient safety and assist doctors with clinical governance.

The NHSLA guideline aim to ensure effective communication within the multi-disciplinary team. This handover must include details of report tools for improving communication within the team.

Previous shifts handover audit performed in August 2011 showed that although 100% of medical staffs use the SBAR tools to aid the handover process, there was poor attendance of consultants and poor handover documentation. Recommendations were made to improve the quality of shifts handover.

Results A retrospective re-audit was performed during the month of February 2012. In the morning handover, 88% of medical staffs, 88% lead midwife and 63% consultants were present compared to 83%, 80% and 53% respectively in the previous audit. There is up to 27% increase of the attendance rates of health professional staffs in the evening handover. 93% of the handover process used the SBAR tools correctly compared to 87% previously. The documentations given all the midwives when transferring women from labour ward to postnatal ward met the requirements correctly. In conclusion, there is overall a good improvement in the attendances and documentation made during shifts handover.

PL.78 MATERNAL REQUEST FOR A CAESAREAN SECTION IN THE ABSENCE OF MEDICAL INDICATIONS

doi:10.1136/archdischild-2013-303966.260

A Sharpe, K Hinshaw. Newcastle University, Newcastle, UK

Introduction CS rates are rising worldwide. In the UK, 25% of women have a CS and 6–8% of women express a preference.^{1,2}

NICE recently updated guidelines stating that women can request a CS after they are fully informed of the risks.² However the evidence of risks is of a poor quality, which questions how the opinions of doctors and midwives could influence women's decisions.¹

Methods A questionnaire-based study at the Sunderland Obstetric Department aimed to compare the views of pregnant women, midwives and doctors. Questionnaires used six different scenarios to ask firstly whether women should be able to request a CS and secondly the most common reason for the request. Further comparison was made between nulliparous and parous women. Data was analysed using excel.

Results

- There were 216 pregnant women, 56 midwives and 76 doctors.
- All groups favoured vaginal delivery for women who have had one or no previous deliveries.
- Twin pregnancy was considered a more acceptable indication.
- Nulliparous women were more willing for CS compared with parous women.
- All three groups agreed that *fear of childbirth* was the most common reason for women with no previous deliveries (patients 84 (38%), midwives 32 (52%) and doctors 34 (44%).
- A higher proportion of patients and midwives, compared with doctors, considered *concerns of their baby's safety* (patients 78 (39%), midwives 13 (27%) and doctors 37 (47%).)

Discussion Womens' anxieties of childbirth need to be explored antenatally by healthcare professionals so that an informed decision can be made regarding the best mode of delivery for them.

REFERENCES

1. Mazzoni A, Althabe F, Liu N, *et al.* Women's preference for caesarean section: a systematic review and meta analysis of observational studies. *BGOG* 2010;118:391–99.
2. NICE Clinical Guidelines. *Caesarean Section*, in *Maternal Request for Caesarean Section* 2011, Royal College of Obstetricians and Gynaecologists, p. 96–103.

PL.79 A CLINICAL AUDIT: RISK OF SUBSEQUENT PERINEAL TRAUMA AFTER PREVIOUS OBSTETRIC ANAL SPHINCTER INJURY

doi:10.1136/archdischild-2013-303966.261

E Bayar, F Mukri, K Ramalingam. Kingston Hospital, London, UK

Introduction Obstetric anal sphincter injuries (OASIS) are a serious complication of vaginal deliveries and can lead to faecal and urinary incontinence. Women, who have sustained OASIS in a previous pregnancy, undergo routine assessment to decide the appropriate mode of delivery in subsequent pregnancies. Many of these women are advised to, or opt for vaginal delivery.

Objective To evaluate the risk of subsequent perineal trauma in women who deliver vaginally following OASIS in previous delivery.

Methods This retrospective study analysed 88 women between April 2007 and April 2012 who had sustained anal sphincter damage during an index pregnancy and had a subsequent pregnancy and delivery.

Results 64 (72.8%) had an instrumental delivery and 24 (27.2%) had a spontaneous vaginal delivery (SVD) in their index pregnancy. In the instrumental delivery group, 21 (32.8%) women had a subsequent Caesarean section delivery (18 elective Caesarean, 3 emergency Caesarean) while 43 (67.2%) women had a vaginal delivery. In the SVD group, 8 (33.3%) women had a Caesarean delivery (6 elective, 2 emergency) while 16 women (66.7%) had a vaginal delivery. Out of the 59 women who had a vaginal delivery, 7 (11.9%) sustained repeat 3rd degree tear, 32 (54.2%) had 2nd degree tear, 7 (11.9%) had episiotomy, 4 (6.8%) had first degree tear, 9 (15.2%) had intact perineum.

Discussion Most women with previous anal sphincter injury sustained a second degree tear while nearly 12% had a recurrent third degree tear.