

Background In recent years there has been an increase of birth of premature babies and also in the increased survival of extremely premature with very low birth weight. The process of enabling these newborns requires multiple and complex care that are associated with significant ethical issues.

Objective To explore the experience of health professionals on ethical decision making in the care of the premature babies.

Methods We conducted a qualitative study of phenomenological nature, in the area of the constructivist paradigm, interviewing 13 doctors and 14 nurses who work in NICUs (Neonatal Intensive Care Units) located in the Centre region of Portugal.

Results On the deep discursive reflections, we understood the concerns and conflicts in difficult decision making, given the duty to revive in the limit of viability, the unquestionable respect to the human life and also the ethical duty and morally justified to limit or discontinue care, as response to the criterion of "best interests of the child". We underline some ambiguity surrounding the decision making to withhold treatment in situations of unfavourable prognostic, an understandable attitude ethically grounded in respect for life. They evidenced concerns about dying with dignity, yet there are no standards/recommendations for neonatal palliative care.

Conclusions We believe that reflection on practise could help to consolidate a culture of ethics on health professionals who work with premature infants and their parents.

We emphasise the importance of protocols and criteria that guide clinical practise regarding these situations.

PL.92 MANAGEMENT OF MACROSOMIA IN NON DIABETIC WOMEN IN DISTRICT GENERAL HOSPITAL. IS INDUCTION OF LABOUR JUSTIFIED?

doi:10.1136/archdischild-2013-303966.274

A Yulia, F Shakur, M Matar. North Cumbria NHS Trust, Carlisle, UK

Background Macrosomia refers to newborn with an excessive birth weight. Fetal macrosomia has been defined as birth weight of 4000–4500 g or greater than 90% for gestational age after correcting for neonatal sex and ethnicity. Based on these definitions, macrosomia affects 1–10% of all pregnancies. Attempts at perinatal diagnosis of macrosomia have proven difficult and are often inaccurate. Thus, a diagnosis of fetal macrosomia can only be confirmed retrospectively.

Due to lack of data on management of macrosomia and associated perinatal outcomes in women without diabetes, we designed a retrospective study to examine the association between induction of labour (IOL) and mode of delivery (MOD) in low-risk women with neonatal macrosomia.

Methods Retrospective study was carried out over 1 year period (1st March 2011 – 29th Feb 2012) looking at singleton births of macrosomic neonates from non-diabetic women at term. Outcome measures include MOD, 5 minutes Apgar, neonatal injury.

Results and Conclusions 232 women delivered neonates with birthweight of >4000 grammes. 18 women had elective CS, 90 women had spontaneous labour and 144 women were induced. 24 women were induced due to suspected macrosomia. Of all the 24 women who had IOL for suspected macrosomia, 38% had emergency CS, 38% had normal delivery and 25% had instrumental delivery. Higher rate of CS (38% vs 8%) was noted in women who were induced for suspected macrosomia compared to women who had spontaneous labour, and there is no significant difference in the 5 min Apgar and neonatal injury in the two groups.

PL.93 CARING FOR THE PARTURIENT: VALORISATION OF CARE RECEIVED DURING LABOUR, DELIVERY AND POSTPARTUM

doi:10.1136/archdischild-2013-303966.275

M Ferreira, P Nelas, G Aparício. Polytechnic Institute of Viseu - School Health - CIGDETS, Viseu, Portugal

Background Childbirth is a remarkable experience in the life of women and her family, so health professionals (obstetric doctor and nurse), should adopt a set of practises that promote healthy labour and birth, including respect for the physiological process and dynamic of each birth.

Objective To analyse the relationship between sociodemographic and obstetric variables with the valorisation of care received during labour and postpartum.

Method A quantitative, cross-sectional, descriptive and correlational study, consisted of 386 women interned in the obstetrics service of the Portuguese public hospitals who received a questionnaire consisting of sociodemographic variables, care provided, action before pain, social and familial support, attention to wellbeing and attention to postpartum/discharge.

Results The puerperal women were aged between 19 and 37 years, mostly married (79.5%). 34.5% have secondary education, 70.2% perform a work activity and 50% are primiparous. Parity, surveillance of pregnancy, preparation for childbirth and parenting time and hours in labour (this inversely), influence the importance of the care received in relation to the action before the pain and attention to the wellbeing.

Conclusion The orientation of obstetric care according to the woman allows for active participation in her birth plan, a sense of control, improves her self esteem and their level of satisfaction with the care received.

PL.94 THE DECLINING RATE OF VBAC IN A DUBLIN TERTIARY CENTRE

doi:10.1136/archdischild-2013-303966.276

M Farren, N Obaidi, A Mullally, CO Gorman, M Turner, N Farah. Coombe Women and Infants University Hospital, Dublin, Ireland

Promotion of VBAC has been an area of interest since the 1950's when the TOLAC trial emerged. We looked at rates in a tertiary referral centre, comparing the difference in VBAC rate among Para 1 (One previous LSCS) in 2011 and 2005. The results reveal a declining VBAC rate. The rate fell from 33.1% in 2005 to 23% in 2011.

In 2011, 56% had elective LSCS. Of those who laboured, 52% (n = 166) had VBAC, 47.6% (n = 151) had Emergency LSCS. This was in comparison to 2005: 42% had Elective LSCS. Of those who laboured, 56.2% (n = 189) had VBAC, 43.75% (n = 147) had Emergency LSCS.

PL.95 OBSTETRIC PRACTISES DURING CHILDBIRTH: EXPECTATIONS, PERCEPTIONS AND SATISFACTION OF WOMEN

doi:10.1136/archdischild-2013-303966.277

P Nelas, E Coutinho, C Chaves, J Duarte, B Arias. Institute Polytechnic of Viseu, Viseu, Portugal

Knowing what the woman expected to find and what she found in relation to obstetric practises, enables us to meet the needs, if we assess their satisfaction we will know if we can fill.

Objectives To determine if the expectations and satisfaction of women in relation to obstetric practises during the labour, delivery and postnatal influence their perception. To assess the expectations and satisfaction of women in relation to obstetric practises. Analyze the relationship between expectations and satisfaction.

Methods A quantitative, descriptive, analytic and correlational cross-sectional, with a sample of 405 mothers. The evaluation protocol includes the scale of importance and perception of Obstetric Practice (Roman Espinaco, Garrido Oliver, 2008) and the Questionnaire Experience and Satisfaction with Childbirth (Costa *et al*, 2004).

Results Satisfaction that women have during labour and delivery is beyond their expectations. As follows from the hospital, expectations and satisfaction of women to improve. However, the expectation of women was not a predictor of perception, as opposed to satisfaction.

Conclusion Creating a space for reflection among professionals and managers of health institutions, indicating paths to follow and encouraging behavioural changes.

PL.96 AN AUDIT ON MAJOR POSTPARTUM HAEMORRHAGE AT QUEENS HOSPITAL, ROMFORD

doi:10.1136/archdischild-2013-303966.278

O Turan, M Hui. *Queen's Hospital, London, UK*

Introduction Haemorrhage is a leading cause of maternal death and morbidity. Major postpartum haemorrhage (PPH) is loss of more than 1 Litre of blood from the genital tract postnatally.

Objectives To undertake a retrospective audit of patients who underwent a major PPH. Identify areas of good practise and make recommendations to improve standard of care.

Materials and Methods 197 cases were identified from the electronic database (September 2011 to March 2012) and 127 notes reviewed retrospectively. Data was analysed for patient demographics, risk factors, delivery and documentation. Reference was made to the RCOG Green-Top Guideline No. 52 and a previous local audit.

Results The majority were Caucasian (40%), nulliparous (50%), aged 18–30 (61%) with a normal BMI (47%). Most were delivered by Caesarean section (69%) at term (61%). 60% of babies weighed between 3 and 4 kg and 10% of women were estimated to have lost 2.5 L or more. 27 patients required blood transfusion of up to 10 units. There were 6 manual removals of placentae and 8 other surgical interventions, including one hysterectomy.

Discussion There was no correlation between the number of risk factors and total blood loss. An improvement in the completion PPH proformas and patient debriefing was found. However, there appeared to be deterioration in emergency call-out (2222) and incident reporting in comparison to previous audit data.

Recommendations We recommend refresher training and emergency drills for identification and management of the critically ill patient. Improve awareness of local and regional guidelines and re-audit in one year.

PL.97 PROSPECTIVE AUDIT FOR INDUCTION OF LABOUR WITH PROPOSS

doi:10.1136/archdischild-2013-303966.279

SN Malik, H Kansara, HA Mousa. *University Hospitals of Leicester, Leicester, LE1 5WW, UK*

Aim to assess the success rate of IOL using propoess.

Method A prospective audit of IOL was carried out in a large teaching hospital. Special data sheet was used for collection of data. We have included women with a singleton viable pregnancy in a cephalic presentation and who were admitted for IOL at ≥ 37 weeks gestation. We have excluded cases with history of rupture of membranes.

Results Despite of 24 hours of propoess use, 31/100 (31%) additionally needed Prostin as adjuvant method for IOL. 54/100 (54%) needed syntocinon for augmentation of labour. Hyperstimulation syndrome with CTG changes were observed in 7/100 (7%) of cases (five after propoess and two after oxytocin infusion). Vaginal delivery was achieved in 73/100 (73%). It was observed that 73/100 (73%) of women delivered between 48 hours of IOL. Primary postpartum haemorrhage was noted in 15/100 (15%). There was no neonatal admission.

Conclusion IOL with prooess is successful method with about 73% success rate. However, clinicians should be aware that up to 30% of cases will need extra prostin. Cost analysis is required to evaluate methods that could be used to reduce cost and duration of admission.

PL.98 INDICATIONS AND OUTCOMES IN CAESAREAN SECTION – A PROSPECTIVE AUDIT

doi:10.1136/archdischild-2013-303966.280

OJ Barney, T Mousa, T Lessells, O Navti. *University Hospitals Leicester, Leicester, UK*

The PCT required an audit to be completed across the University Hospitals Leicester Trust in the light of new NICE guidance on Caesarean section for maternal request. This was combined with an audit of infection control and thromboprophylaxis measures for CQUIN targets. An audit of Vaginal Birth After Caesarean as compared with projected outcome of VBACs published by the RCOG was opportunistically carried out at the same time.

Data were prospectively collected on patients undergoing CS in January 2012 by the theatre team in 171/191 (89%) of all patients undergoing caesarean section and VBAC data were collected from the patients' computerised and paper notes.

Targets were met for Antibiotic prophylaxis and use of clippers, VTE prophylaxis, Diabetic control and counselling against CS for maternal request.

Targets were not met for written and verbal debriefing post CS, nor prescribing of Stellisept.

Additional findings

- Diabetes rate 6% across UHL
- Hypertension rate 16% across UHL
- 100% UHL patients had an AN discussion about mode of delivery
- CS Rate 21% across UHL
- Only 24% those that could have attempted VBAC chose ERCS (LRI)
- VBAC success rate 64.3% in those who attempted it (LRI)
- CS Maternal request - 4 cases/171 2.3%
 - NICE CG 132 1.2.9.2
 - Documented adequate counselling 100%
 - Explored reasons for request 100%

Conclusion The audit was reassuring in not only its prophylactic measures but also that very reasonable successful VBAC rates and CS rates are achievable in even a tertiary unit.

PL.99 FETAL BLOOD SAMPLING DOCUMENTATION – REAUDIT

doi:10.1136/archdischild-2013-303966.281

¹A Yulia, ¹F Mure, ²C Pun, ¹J Oghoetuoma. ¹County Durham and Darlington NHS Foundation Trust, Darlington, UK; ²North Cumbria NHS Trust, Carlisle, UK

Introduction The intrapartum assessment of fetal well-being remains a challenge to obstetricians, especially given the on-going concern for increasing caesarean section rates and malpractice litigation. Several techniques may be used to evaluate the fetus during labour including direct analysis of fetal blood obtained from via scalp sampling. It is important that when fetal blood sampling (FBS) is performed, clear documentation should be done. At Darlington Memorial Hospital (DMH), a re-audit was performed to assess the documentation on FBS, according to the recommendations stated in the Trust Guidelines.

Aim To determine whether there are any improvements in documentation on FBS compared to previous audit performed in 2010.

Methods A retrospective audit of the 22 cases was performed from 1st July to 30th September 2011 at DMH. Data were collected from the labour ward register, fetal blood sampling record and medical notes.

Results A total of 22 cases were included. Compared to 2010, there was improvement in the documentation of the cord blood being