

IUGR/stillbirth. Women with RFM and risk factors for IUGR/stillbirth had statistically significant more pre-term deliveries and more babies born with low birth weight compared to women with no risk factors (Table 1).

**Abstract PP83 Table 1** Pregnancy outcomes compared between women with/without risk factors for IUGR/stillbirth.

Pregnancy outcomes (%)	With risk factors for IUGR/stillbirth n = 42	With no risk factors for IUGR/stillbirth n = 76
Livebirth- term	85.7*	98.7*
Livebirth- preterm	11.9*	0*
Stillbirth	1.24	1.3
Birth weight $\geq$ 2500 g	76.2*	98.7*
Birth weight 1500–2499 g	19*	1.3*
Birth weight $\leq$ 1499 g	2.4	0

\* $p < 0.05$

Although women with recurrence of RFM had more pre-term and stillbirth deliveries and babies with low birth weight compared to women presenting once with RFM, the results failed to show statistical significance. There was no difference in pregnancy outcomes between women with reassuring CTG and ongoing perception of RFM compared with those women with reassuring CTG and perceived fetal activity during the assessment (Table 1).

**Conclusion** Risk factors for IUGR/stillbirth are significant determinants of poor pregnancy outcomes in women presenting with RFM.

**PP84 THE IMPACT OF MATERNAL AGE AND CHORIONICITY ON OBSTETRIC OUTCOME IN TWIN PREGNANCY**

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**Introduction** The number of twins born in Ireland has increased from 11.8 sets per 1,000 live births in 1988 to 17.9 in 2011. This study aims to investigate the impact of advanced maternal age and chorionicity on obstetric outcome in twin pregnancies.

**Methods** A retrospective cohort study of all twin pregnancies delivered from 2009 to 2011 in a large, tertiary hospital (~8,000 deliveries per annum) in the Republic of Ireland was conducted. Birth registers and clinic records were reviewed to examine obstetric outcomes.

**Results** Of the 523 twin pregnancies included in the study 9.6% (n = 50) of mothers were  $\geq 40$  years and 47.5% (n = 247) were nulliparous. Advanced maternal age, mother aged  $\geq 40$  years, was associated with increased ART (52% vs. 25.2%;  $p < 0.001$ ) and increased caesarean delivery (78.0% vs. 60.9%;  $p < 0.001$ ). Differences between the age groups were noted for GDM (9.8% vs. 3.1%;  $p = 0.007$ ) and PET/PIH (30.8% vs. 13.8%;  $p < 0.001$ ). 16.3% (n = 87) of twins were monozygotic who had a higher incidence of PTD (65.1% V 47.9%,  $p = < 0.001$ ) and iatrogenic reasons for PTD (69.4% V 52.4%,  $p = 0.006$ ) than dichorionic twins.

**Conclusion** As a greater number of women are delaying childbearing, and with advances in ART, there are considerable more first time births, including sets of twins, to older women. The findings of this study indicate that advanced maternal age and nulliparity were associated with adverse obstetric outcome in twin pregnancies.

**PP85 EVALUATION OF THE EARLY PREGNANCY CLINIC – INCLUDING PATIENT AND STAFF PERSPECTIVES ON THE QUALITY OF SERVICE PROVISION**

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**Objectives** Early pregnancy loss occurs in 15–20% of clinically-confirmed pregnancies. A dedicated early pregnancy clinic (EPC) with provision of diagnostic services such as transvaginal ultrasonography and on-site laboratory investigations contributes to a reduction of repeated assessments for ectopic pregnancy and miscarriage, and is a necessary facility in every maternity unit. Our objectives were to (i) examine clinical records for EPC attendances, (ii) obtain staff and patient feedback to identify areas for improvement and (iii) review EPC incident reports and complaint forms.

**Study design** A retrospective audit was performed on EPC attendances during 2011 using clinic databases; subsequently categorised according to referral sources, indications, new cases, diagnosis and management. Incident and complaint forms were analysed for recurrent themes. Staff and patient satisfaction questionnaires were distributed obtaining a random sample of 70 patients and all 24 staff.

**Results** There were 5,233 attendances during 2011, with GPs the main source of referrals. Emergency room referrals contributed the highest workload for repeat scans and blood tests. While 95% of staff expressed job satisfaction, 83% reported encountering stress attributed to individual workload and co-worker conflict, while junior medical staff were concerned about lack of training. Overall, 95% of patients were satisfied with staff and clinic organisation, with many instead highlighting concerns with the physical space and ability to overhear confidential medical information. All 6 patient complaints related to communication issues.

**Conclusion** High levels of job satisfaction and good teamwork were identified and we received largely positive feedback. Areas of improvement include staff workload and training.

**PP86 OUTCOME OF PREGNANCIES WITH UTERINE LEIOMYOMA: A POPULATION BASED RETROSPECTIVE STUDY**

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Uterine leiomyoma (fibroids), which are often found in child-bearing age, can lead to complications in pregnancy and hence are considered to be of high risk.

**Aims and Objectives** To observe the effects of fibroids in pregnancy and look at associated maternal and fetal complications.

**Methods** A population-based retrospective study was conducted in a central London tertiary hospital. Women were identified from first Trimester Ultrasound scans (done between January and December 2011) database using search word 'Fibroids' and their pregnancy outcome noted from the local obstetric electronic system.

**Results** 201 women were identified, of which 42 did not deliver at our hospital, making final sample size 159. We looked into the incidence of preterm birth (PTB), low birth weight (LBW) babies (<2500 gm), operative delivery (abdominal and vaginal) and the occurrence of Postpartum Haemorrhage (PPH).

Among the 159 women, 13 (8.17%) delivered preterm (<37 weeks), while 4 (2.53%) had miscarriages. The occurrence of LBW was 16 (10.06%). Spontaneous vaginal delivery (SVD) occurred in 53 (33.33%) cases, instrumental vaginal delivery (forceps and ventouse) in 32 (20.12%) cases, and Caesarean section (CS) was performed in 70 cases (44.02%). The primary indications for CS included failure to progress in labour 11 (15.71%), fetal distress 15 (21.43%), previous Caesarean section 15 (21.43%), and malpresentation 12 (17.14%). Minor and major PPH were observed in 41 (25.78%) and 6 (3.77%) cases, respectively.

**Conclusion** We found pregnancies with fibroids to be statistically correlated with increased Caesarean section and PPH. These results highlight the necessity for good antenatal, intrapartum, and postpartum care for optimum outcome.