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

<table>
<thead>
<tr>
<th>Pregnancy outcomes (%)</th>
<th>With risk factors for IUGR/stillbirth n = 42</th>
<th>With no risk factors for IUGR/stillbirth n = 76</th>
</tr>
</thead>
<tbody>
<tr>
<td>Livebirth-term</td>
<td>85.7*</td>
<td>98.7*</td>
</tr>
<tr>
<td>Livebirth-preterm</td>
<td>11.9*</td>
<td>0*</td>
</tr>
<tr>
<td>Stillbirth</td>
<td>1.24</td>
<td>1.3</td>
</tr>
<tr>
<td>Birth weight ≥ 2500 g</td>
<td>76.2*</td>
<td>98.7*</td>
</tr>
<tr>
<td>Birth weight 1500–2499 g</td>
<td>19*</td>
<td>1.3*</td>
</tr>
<tr>
<td>Birth weight ≤ 1499 g</td>
<td>2.4</td>
<td>0</td>
</tr>
</tbody>
</table>

*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 ≥40 years and 47.5% (n = 247) were nuliparous. Advanced maternal age, mother aged ≥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 monochorionic 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.

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

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Uterine leiomyoma (fibroids), which are often found in childbearing 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 55 (35.53%) cases, instrumental vaginal delivery (forceps and ventouse) in 52 (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.