to understand the effect this new technology (and the uncertainty it can create) is having on couples. Previous qualitative work in this field is limited to women’s experience of prenatal genetic testing or women’s experience of having an abnormal ultrasound scan.

We present qualitative research from 25 semi-structured interviews with women (and their partners) whose babies have fetal anomalies after CMA testing. Data was analysed using framework analysis. A thematic framework was then identified by recognising emerging themes. Five themes were identified: diagnosis, genetic testing, family and support, reflections of the treatment received and emotions.

Our results show that women recall being told about common trisomies but often no further testing. Women expected the conventional karyotyping and CMA result would be normal following a normal QFPCR result. There were frequent misconceptions by couples regarding aspects of counselling/testing. Communication of variants of unknown (clinical) significance (VOUS) presents a particularly difficult challenge. Good clear communication by health care professionals is paramount. Couples should have literature to take home summarising scan anomalies and reinforcing information about genetic testing.

**Conclusion**

Only one patient was folate deficient. This compares with a national incidence of deficiency of 1% in pregnant women. National B12 levels and folate levels were accepted as 6% and 14% respectively. Methyldopa is a commonly used in hypertensive disorders in pregnancy. Although methyldopa is effective in controlling maternal blood pressure, its effects on fetal growth and wellbeing is unknown.

**Aim**

To determine whether the incidence of folate and/or Vitamin B12 deficiency is higher in pregnant women with recurrent pregnancy loss than the reported national incidence of deficiency.

**Methods**

Retrospective review of all referrals to the recurrent miscarriage clinic at the Rotunda Hospital Dublin. Vitamin B12 and folate levels were assessed at the initial consultation.

**Results**

National B12 levels and folate levels were accepted as 6% based on nutritional intake. We evaluated the folate and cobalamin status in 98 non-pregnant women with a history of recurrent spontaneous abortion (three or more consecutive) of unknown aetiology. Low Vitamin B12 was defined as serum value less than 190 ng/l, and serum folate values less than 4.5 ug/l were considered deficient.

In total 7.1% (n = 7) patients were Vitamin B12 deficient and only one patient was folate deficient. This compares with a national incidence of 6%. These levels were not statistically different.

**Conclusion**

Serum concentrations of folate and Vitamin B12 are not significantly altered in women with unexplained recurrent miscarriage and we propose that routine testing is not warranted.

**Partial Urorectal Septum Malformation (PURSM) Sequence in England and Wales: Prevalence, Additional Anomalies, and Pregnancy Outcome**

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**Background**

Partial urorectal septum malformation (pURSM) sequence (or ‘persistent cloaca’) is a rare congenital anomaly characterised by a confluence of the urethral, anal, and genital openings. This study describes the prevalence, additional anomalies, and pregnancy outcomes of pURSM sequence in England and Wales.

**Methods**

All cases of pURSM sequence notified to seven congenital anomaly registers in England and Wales during 1985–2010, whether delivered as live births, spontaneous fetal deaths (≥20 weeks gestation), or elective terminations of pregnancy for fetal anomaly (any gestation), formed this population-based case series. Risks of spontaneous fetal and infant death were examined by the Kaplan-Meier method. Differences in prevalence over time, and between regions, were examined by multilevel Poisson regression.

**Results**

117 cases were recorded among 4,251,241 total births. 58 (50%) were delivered as live births, 6 (5%) as spontaneous fetal deaths, and 53 (45%) as elective terminations. The total prevalence was 2.8 (95% CI: 2.3–3.4) per 100,000 total births, increasing significantly over time (p = 0.002) and differing significantly between regions (p = 0.005). 77 cases (66%) had at least one additional major congenital anomaly outside the perineum, including 67 (57%) with renal, 29 (25%) with musculoskeletal, 26 (23%) with digestive system, and 24 (21%) with cardiovascular anomalies. The risks of spontaneous fetal and infant death were estimated as 8.9% (95% CI: 4.1–18.8) and 26.3% (95% CI: 15.1–43.4) respectively.

**Conclusions**

This is the largest study of the epidemiology of pURSM sequence. This information should be valuable for families and health professionals whenever a case of pURSM sequence is diagnosed.