

**Background** Free fetal DNA (ffDNA) testing for aneuploidy has recently started being offered to all women in our institution who are high risk for trisomy 21 (aged 35 or over at estimated date of delivery). We therefore examined the uptake rate of ffDNA for aneuploidy screening in women of advanced maternal age who had been seen by a genetic counsellor.

As this test has much higher sensitivity than other screening tests, we hypothesised that more women will have ffDNA than other forms of screening.

**Methods** We included 258 women who had singleton pregnancies and who were of advanced maternal age. We undertook a retrospective analysis of electronic chart data. Chi squared statistical analysis was performed on the data to determine statistical significance between groups based on age, nuchal thickness and parity.

**Results** 118 (46%) women had ffDNA for screening for aneuploidy, the remaining 140 (54%) chose either other screening options or no screening. Statistically there was no difference in choice between groups of women dependent on their calculated risk based on their age ( $p = 0.15$ ). The size of the nuchal lucency measurement (within normal range) had no statistical effect on the choice ( $p = 0.16$ ). Women who were primiparous were no more likely to have ffDNA than multiparous women ( $p = 0.4$ ).

**Conclusions** Although ffDNA is a more accurate way of screening for aneuploidy, the majority of women are still using other forms of screening. We found that the uptake of ffDNA testing was not statistically significantly affected by age, nuchal thickness or parity.

#### PF.39 CLINICAL RELEVANCE OF FETAL WEIGHT ESTIMATION IN SOUTHWEST UGANDA

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**Background** There is an increasing incidence of low birth weight babies (<2500 g) in Uganda. This can cause significant perinatal morbidity and mortality and is related to intrauterine growth restriction (IUGR). Estimated fetal weight (EFW) can be established clinically or sonographically and influences obstetric management. The accuracy of clinical and sonographic formulae needs to be established in Uganda due to resource limitations and increasing burden of IUGR.

**Methods** We prospectively studied term, cephalic, singleton pregnancies in Mbarara Regional Referral Hospital, Uganda. Clinical EFW was calculated using Dare's and Johnson's formulae, sonographic EFW used Hadlock C formula. Effects of the following variables were also examined: maternal age, body mass index, parity, gestational age, fetal sex and birth weight.

**Results** Ninety women were enrolled. Birth weight was correctly estimated ( $\pm 10\%$ ) in 25.6%, 47.8% and 64.4% of the cases using Johnson's, Dare's and Hadlock's formulae respectively. Accuracy levels differed between the three formulae ( $p < 0.001$ ). Johnson's is significantly less accurate than other formulae, whilst Hadlock's is significantly more accurate. Nine percent of deliveries had birth weight <2500 g, 88% had birth weight of 2500–4000 g, while 3% weighed >4000 g. The sensitivity of predicting birth weight of less than 2500 g was only 50% for ultrasound and 13% for clinical EFW, with 95% and 100% specificity respectively.

**Conclusion** Sonographic EFW is more accurate than clinical formulae. It best at predicting low birth weight fetuses, however, sensitivity remains low and better methods for identification need to be developed.

#### PF.40 WITHDRAWN BY AUTHOR

#### PF.41 'TO HAVE A LITTLE BIT OF HOPE IS LIKE BEING THROWN A LIFELINE' THE EXPERIENCE OF PREGNANT WOMEN WITH A DIAGNOSIS OF FETAL LOWER URINARY TRACT OBSTRUCTION (LUTO)

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**Introduction** The PLUTO: Percutaneous Shunting for Lower Urinary Tract Obstruction (LUTO) Study was a multi-centre, randomised, controlled trial (RCT) undertaken to evaluate the safety and efficacy of fetal vesicoamniotic bladder shunting in moderate to severe ante-natally diagnosed cases compared to conservative management. Within the trial a qualitative study explored women's motivation for entering the trial, and their experience of the condition and its management. The trial was terminated early, but the qualitative data collected provided an insight into being pregnant with a fetus with a serious medical condition.

**Aim** To gain insight into the experiences and perceptions of pregnant women asked to participate in an interventional fetal medicine trial requiring an invasive procedure.

**Method** Semi-structured interviews were undertaken with a purposive sample of women involved in the PLUTO trial ( $n = 6$ ). The data were analysed thematically.

**Findings** Motivation for participation in the PLUTO trial was consistent with other research, and involved reasons of both altruism and self-interest. Loss of a normal pregnancy was precipitated by the current routine use of ante-natal scanning. This was associated with uncertainty for women and a decision making process that could only result in a less than ideal option.

**Conclusion** Undertaking a qualitative study within the PLUTO trial has illuminated the experience of receiving a prenatal diagnosis of LUTO following ultrasound scanning. The unexpected nature of the diagnosis itself and the evident uncertainty that permeates this condition and its management during pregnancy appears to exert some influence over women's decision making.

#### PF.42 UNFUSED AMNION AND CHORION (UAC) AFTER 15 WEEKS GESTATION AND ASSOCIATION WITH CHROMOSOMAL ABNORMALITIES

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**Objectives** To assess a possible association between UAC and Trisomy 21.

**Method** Medical records of all women undergoing amniocentesis between April 2008 and October 2012 at RDH were analysed highlighting UAC and karyotype result.

**Results** 425 women underwent amniocentesis for standard screening rationale.

33 fetuses were diagnosed with trisomy 21, (incidence of 7.6%).

21 women had their amniocentesis delayed because of UAC (404 did not as the membranes were normally fused - NFM). Of these, 10 had a result confirming the presence of Trisomy 21, the remaining 11 had a normal result, 23 of the 404 with NFM had Trisomy 21.