Background Free fetal DNA (fEDNA) testing for aneuploidy has recently started being offered to all women in our institution who are at high risk for trisomy 21 (aged 35 or over at estimated date of delivery). We therefore examined the uptake rate of fEDNA 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 fEDNA 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 fEDNA 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 fEDNA than multiparous women (p = 0.4).

Conclusions Although fEDNA 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 fEDNA testing was not statistically significantly affected by age, nuchal thickness or parity.

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

**PF.40 WITHDRAWN BY AUTHOR**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 antenatally 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 AMNIOTIC 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.