that of the population as a whole. Children born following ICSI had fewer total hospital admissions than their IVF peers, the difference did not persist when first admissions were analysed. Different-sex twins, but not twins overall, had lower total hospital admissions than singletons.

### Abstract PF.46 Table

<table>
<thead>
<tr>
<th>ART cohort</th>
<th>All hospital admissions</th>
<th>First hospital admission</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ART cohort</td>
<td>SAR# (95% CI)</td>
</tr>
<tr>
<td>All ART children</td>
<td>1378 (1795.3)</td>
<td>77 (73, 81)</td>
</tr>
<tr>
<td>Type of ART</td>
<td>928 (1141.7)</td>
<td>81 (76, 87)</td>
</tr>
<tr>
<td>-IVF treatment</td>
<td>450 (653.6)</td>
<td>69 (62, 75)*</td>
</tr>
<tr>
<td>-CSI treatment</td>
<td>1153 (1458.5)</td>
<td>79 (74, 84)</td>
</tr>
<tr>
<td>Type of embryo transfer</td>
<td>225 (336.8)</td>
<td>67 (58, 76)*</td>
</tr>
<tr>
<td>Fresh embryo transfer</td>
<td>888 (1172.7)</td>
<td>76 (71, 81)</td>
</tr>
<tr>
<td>Frozen embryo transfer</td>
<td>189 (293.4)</td>
<td>64 (55, 74)*</td>
</tr>
<tr>
<td>Parity</td>
<td>472 (599.3)</td>
<td>79 (72, 82)</td>
</tr>
<tr>
<td>-Singleton</td>
<td>753 (1009.0)</td>
<td>75 (69, 80)</td>
</tr>
<tr>
<td>-Different-sex twins</td>
<td>625 (781.7)</td>
<td>80 (74, 86)</td>
</tr>
</tbody>
</table>

*denotes statistically different to the value directly above

# Standardized for age-group, gender and calendar period

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### Abstract PF.47

**Routine Cervical Assessment at Anomaly Scan May Reduce Neonatal Morbidity and Mortality Associated with Preterm Birth**

doi:10.1136/archdischild-2013-303966.056

**D A Crosby, S Daly, Coombe Women and Infants University Hospital, Dublin, Ireland**

A recent meta-analysis has suggested that measurement of the cervical length should be performed in conjunction with the anomaly scan (1). We decided to investigate if this recommendation is justifiable in a population where the risk of preterm birth is low.

**Methods** We reviewed 11 years of obstetric data from the Coombe Women and Infants University Hospital. Relatively low risk of adverse outcomes from the management of preterm birth was extrapolated to the possible numbers of women requiring intervention.

**Results** Over the 11 years from 1999 to 2010, there were 94,646 singleton deliveries. There were 881 births (0.93%) as a result of spontaneous labour from 19–34 weeks, of which 805 were livebirths. Applying the figures from the metaanalysis 1609 women who had singleton pregnancy could be expected to have a cervical measurement <15 mm. If none of these women received progesterone we could expect 515 women (32.1%) to deliver at <15 mm. If we gave progesterone to all these women we would prevent 281 births at less than 34 weeks (17.5%). Therefore we would reduce the delivery rate before 34 weeks by 234 pregnancies, which is 21 babies a year.

**Conclusion** In units where the spontaneous preterm rate is low it is difficult to suggest that routine cervical measurement is justified. Each individual hospital should evaluate the possible benefits of universal screening for a short cervix prior to instigating a policy of performing a transvaginal ultrasound assessment of cervical length at the time of the anomaly scan.

**Reference**


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**Abstract PF.48**

**Prenatal Diagnosis of Moderate and Severe Cerebral Ventriculomegaly – Our Experience at a Single Tertiary Referral Centre**

doi:10.1136/archdischild-2013-303966.057

C Monteith, K Flood, S Jaleel, B Hayes, C Barry, M Geary, FD Malone. Rotunda Hospital, Dublin, Ireland

The diagnosis of fetuses with cerebral ventriculomegaly >1.2 mm prenatally is challenging due the number of possible etiologies and variable prognoses. Recommended investigations include ultrasonographic assessment, TORCH screening, MRI evaluation along with specialised paediatric postnatal follow-up. There is limited data about the antenatal course and obstetric outcomes of affected pregnancies managed expectantly. We sought to evaluate all cases of prenatally diagnosed moderate to severe ventriculomegaly managed in our centre. We performed a retrospective cohort study of patients attending/referred to the Rotunda FAU from 2006–2011. Cases were identified from the FAU database and included for evaluation if ultrasonographic measurements >1.2 mm in either/both cerebral ventricles were documented. During this six year period, there were 71 cases identified that met study criteria with pregnancy outcome data available for 65 cases. Of these 83.1% (54/65) elected to continue the pregnancy following diagnosis with 44/54 continuing their care in the Rotunda Hospital. The mean gestation at time of ultrasonographic diagnosis was 24 + 3 weeks (14 + 4 – 39 + 4). Other prenatal investigations performed included 23 amnioncetes, 17 TORCH screens and 12 fetal MRIs. Vaginal delivery was achieved in 33.8% of women (n = 13) (mean HC 325.9 mm) with the remaining 66.7% (n = 26) undergoing caesarean section (mean HC 347.9 mm). The majority of cases with ventriculomegaly >12 mm were managed expectantly within our unit. We found that this finding had a significant impact on the mode of delivery. Overall less than 50% cases had a definitive aetiology prior to delivery which highlights importance of thorough paediatric follow-up postnatally.

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**Abstract PF.49**

**Term Admissions to the Neonatal Unit; Are They Avoidable?**

doi:10.1136/archdischild-2013-303966.058

A Ram Mohan, N Chawda, I Misra, Milton Keynes NHS Foundation Trust, Milton Keynes, UK

**Introduction** Approximately 10% of all babies born require admission to the neonatal unit and term infant represent a significant percentage of NICU admission and are major contributors to workload.

**Aim** To identify potentially avoidable admissions of term babies to neonatal unit and common avoidable factors.

**Background** Neonatal intensive care and special care nurseries provide a level of care that is both high in cost and low in volume. Term infant represent a significant percentage of NICU admission and are major contributors to workload.

**Methods** Retrospective audit from 01/01/2011 to 31/12/2011, patient list obtained from SCBU data base.

**Results** Total number of deliveries was 3882. Total admissions to SCBU were 316. Term baby admissions (>37 wks) were 117 (57%), 55% of babies stayed 3 to 5 days in SCBU. 19% babies required respiratory support. Readmission needed in 4 cases. External transfer was done in 8% (9) cases for reasons like cooling, surgical opinion and severe jaundice. No perinatal mortality was noted in these series.

**Maternal profile** 70% of the mothers were without any obstetric or medical risk factors. 50% mothers came in spontaneous labour. 90% of these mothers were delivered by vaginal delivery.