

Conclusion Ventriculomegaly of >13 mm can indicate a change of prognostic outcome.

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PF.72 POSTERIOR URETHRAL VALVES: AN AUDIT OF CASES PRESENTING AT A FETAL MEDICINE DEPARTMENT SERVING SOUTH WALES

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Introduction Posterior Urethral Valves (PUVs) are the most prevalent congenital anomaly causing bilateral renal impairment due to obstruction. Our audit intends to help us to improve renal counselling for patients with fetuses with PUVs.

Methods Scan details of fetuses with suspected PUVs were located and divided into multiple visits by the same woman. The clinical portal and Protus maternity databases were used to find to outcomes for the pregnancies. Descriptive statistics and Chi Square tests were used to analyse the data.

Results 267 scans recorded on the Fetal Medicine Department database since 2001 aroused suspicion of PUVs. There were 76 individual cases. Most (56.6%) fetuses had enlarged bladders. 31 (40.8%) fetuses had hydronephrosis. 15 (19.7%) women had oligohydramnios; 11 (14.5%) anhydramnios. 43 (56.6%) women were offered renal counselling.

We acquired some outcomes for 56 pregnancies. Outcomes were located for 42 fetuses. 7 pregnancies were terminated. Most ($n = 31$, 55.4%) babies were born vaginally unassisted. Most ($n = 30$, 73.2%) fetuses had no known none-genitourinary malformations, 8 (19.5%) had additional genitourinary anomalies. 71% of surviving children required renal paediatric follow-up; 35.5% had chronic renal failure. Amniotic fluid reduction was correlated with decreased survival. Vesicoamniotic shunts did not affect survival.

Discussion and Conclusions More women require specific renal counselling where PUV is suspected. Our findings reinforce the fact that oligohydramnios is correlated with negative outcomes (probably due to pulmonary hypoplasia), allowing better counselling for these women.

PF.73 WITHDRAWN BY AUTHOR

PF.74 CONJOINED TWINS: A 10 YEAR EXPERIENCE IN A TERTIARY CENTRE

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The incidence of conjoined twins (CT) is reported to be in the range of 1–2 in 100000 pregnancies. Ireland has the highest rate of live birth CT in Europe.¹

We discuss four naturally-conceived cases presenting to a tertiary-referral centre over 10 years, resulting in livebirths.

Case 1 (2005)
30 year old G2P1 presented with craniophagus CT at 27+1 weeks gestation, proceeding to emergency Classical Caesarean Section (CS)

due to polyhydramnios and preterm labour. Live female infants were born at 28+1/40 gestation, but died at 90 minutes of age.

Case 2 (2006)

32 year old G2P1 presented with craniothoracopagus CT at 12+4 gestation, proceeding to emergency Classical CS due to preterm labour at 33 weeks. Liveborn female infants died at 30 minutes of age.

Case 3 (2009)

31 year old G3P2 presented with parapagus CT at 11/40 gestation, proceeding to elective classical CS at 35 weeks out of state. Live male infants were successfully separated at 4 months of age in GOSH, London.

Case 4 (2011)

33 year old G2P1 presented with thoracopagus CT at 13+4 gestation, proceeding to elective Classical CS at 34 weeks. Liveborn female infants died at 91 minutes of age.

In the management of CT, we recommend frequent antenatal review including serial ultrasound, MRI and echocardiography, and multidisciplinary assessment, with neonatology, paediatric surgery, cardiology and bereavement care involved.

Interestingly, all four case parents reside within 20 km of each other. The estimated incidence of CT in this population is 6.3 per 100000.

PF.75 A REVIEW OF TEN YEARS OF STILLBIRTH DATA FROM A DISTRICT GENERAL HOSPITAL

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111 stillbirths were recorded in the ten year period from 2003 to 2012. The rate of stillbirths for this District General Hospital was 3.5 per 1000. Equal amounts were considered low risk, receiving MLC, to high risk. 56% had had at least one previous delivery with the mode being a parity of one. The ranges for maternal age and BMI were wide, with the mean 30 and 27 respectively. Majority of stillbirths occurred less than 37 weeks (58%), nearly a third below 28 weeks. Twin pregnancies accounted for 6% of the stillbirths.

95% of stillbirths were in the antenatal period, 4 of the 5 intra-partum stillbirths occurred after 39 weeks. A third of the stillbirths were found to be growth restricted. Karyotype analysis was accepted in 97% of cases and was found to be abnormal in 6%. 60% of patients declined post mortem examination adding pressure for answers to be found from the remaining investigations. Thrombophilia results were abnormal in 10% of cases while TORCH screen picked up only 2 infections. Of the 93 placentas sent for histology 89% showed an abnormality. Commonly occurring placental abnormalities included: Maternal vascular under perfusion syndrome, chorioamnionitis, reteroplacental haemorrhage and distal villous immaturity or hypoplasia.

Conclusion Review of stillbirth data is essential to maintaining high standards in all maternity units. Investigations such as TORCH should be used selectively. Placental histology provides the most information for cause and planning in future pregnancies.

PF.76 PREGNANCY OUTCOME AND MANAGEMENT OF FETAL HYPERTROPHIC CARDIOMYOPATHY: A CASE REPORT AND LITERATURE REVIEW

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We report an interesting case of a diabetic pregnancy with fetal hypertrophic cardiomyopathy. The diagnosis was made following an emergency caesarean delivery at 37 weeks for fetal distress and was associated with severe metabolic acidosis and poor apgar scores. The baby was transferred to a tertiary unit at Liverpool Women's

¹European surveillance of congenital anomalies: www.eurocat-network.eu/prevdata

Hospital and required ventilation support as the hypertrophy and severity dramatically increased.

The patient's anomaly scan was normal and a fetal echocardiography did not show any signs of congenital, valvular, or structural abnormality. Neonatal hypertrophic cardiomyopathy usually has a poor prognosis that is not secondary to a cardiac malformation with the exception of transient hypertrophic cardiomyopathy in neonates of diabetic mothers [1].

Myocardial ischaemia can develop following acute fetal distress and the common neonatal manifestations of this include cardiac failure, tricuspid or mitral insufficiency [2,3].

There is an increased risk of hypertrophic cardiomyopathy among newborns of diabetic mothers [4]. Around 1 in 5000 people are affected in the UK, but the majority are in their teenage years or early adulthood [5]. As a result, there is little literature regarding this condition and we aim to establish suitable antenatal care and heighten awareness with particular attention to the surveillance of neonates after acute fetal distress. We also recommend a multidisciplinary team approach with the maternal and fetal medicine departments.

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PF.77 CAN ABNORMAL MATERNAL SERUM MARKERS ANALYTES BE USED TO PREDICT OBSTETRICAL OUTCOMES?

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Introduction A variety of other pregnancy outcomes other than neural tube defects and aneuploidy have been associated with abnormal values of different analytes used in second trimester screening tests.

Aim To review the obstetrical outcomes associated with abnormally elevated or decreased level of maternal serum marker analytes used in second trimester screening for aneuploidy.

To provide guidance to facilitate the management of these pregnancies and to assess the usefulness of these markers as a screening test.

Method and Setting: Retrospective analysis of 102 case notes with high risk screening result just over a period of two years from January 2007 – May 2009 at Manor Hospital, Walsall.

Results 102 patients were included in the study. 77% of the patients had high risk results for Down's syndrome out of which 67% of them accepted amniocentesis. Chromosomal abnormality was identified only in three fetus.

24 women had high risk results for neural tube defects and 3 women had fetus with CNS abnormality.

70% of the women had normal outcome. Less than 1/3 rd of the women developed complication like pre-eclampsia, placental problems like low lying placenta, adherent placenta, abruption etc and difficulties in induction of labour.

45% of fetus had abnormal outcome. Majority (45%) were small for gestation less than 10th centile followed by preterm delivery and macrosomia.

Conclusion Down's screening analytes have low predictive accuracy but may be useful means of risk assessment or of use when combined with other maternal factors.

PF.78 ANTENATALLY DETECTED BILATERAL PLEURAL EFFUSIONS WITH FAVOURABLE POSTNATAL OUTCOME

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Pleural effusions are relatively uncommon in neonates. Most often it is a marker of underlying pathology rather than diagnosis in itself. If bilateral pleural effusions are detected antenatally, this carries an extremely poor neonatal prognosis. The case below demonstrates good team working and liaison between Obstetrics and Neonatal team with prompt management which led to a favourable outcome.

Bilateral pleural effusions were detected from early gestation. Delivery was by Caesarean section at 34 weeks after the findings of absent end-diastolic flow in the uterine artery and suboptimal CTG.

Excellent communication between Obstetrics and Neonatal team ensured adequate preparation for resuscitation of this baby. Senior consultant involvement in the initial management lead to prompt treatment, including bilateral drainage of pleural effusions and high pressure ventilation to achieve oxygenation. High flow oxygen ventilation and Nitric Oxide therapy were administered for pulmonary hypertension. The effusions persisted and the milky white appearance of the fluid draining led to suspicion of chylothorax. This was confirmed on pleural fluid analysis. The baby was then transferred for a respiratory opinion at a tertiary centre.

High resolution CT scan ruled out Pulmonary Lymphangiectasia. A lung biopsy was performed that showed Pulmonary Interstitial Glycogenosis (PIG) which carries good prognosis. The baby's effusions resolved and, following steroid therapy she was extubated and discharged home self-ventilating in air on day 56.

Antenatal and postnatal images will be included in this presentation.

Maternal Medicine Posters

PM.01 MANAGEMENT AND OUTCOMES OF HELLP SYNDROME IN THE UK

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Objective To describe the current management and outcomes of HELLP (haemolysis, elevated liver enzymes and low platelet count) syndrome in the UK.

Methods A national descriptive study using the UK Obstetric Surveillance System, including all women diagnosed with HELLP syndrome between June 2011 and May 2012.

Results 109 women were identified with HELLP syndrome. 69 women (63%) were diagnosed with HELLP syndrome antenatally at a median gestation of 35 weeks (range 21–41). 54% (37/68) of antenatally diagnosed women had a planned management of immediate delivery and delivered a median of 3 h 37 min after diagnosis (range 53 min–21 h 26 min); 43% (29/68) had a planned management of delivery within 48 h and delivered a median of 11 h 40 min after diagnosis (range 1 h 28 min–74 h 43 min); only 2/68 had a planned attempt at expectant management, with one delivering 3 days and the other 12 days after diagnosis. Overall, 41% (45/109) of women received corticosteroids (only three for maternal indications, two of whom were diagnosed postpartum), 78% (84/108) received antihypertensive medication and 78% (85/109) were given magnesium sulphate. Severe morbidity was noted in 15% (16/109) of the women and one woman died (case fatality 0.9%, 95%CI 0.02–5.0%). Major complications were reported in 9% (10/108) of infants and there were two perinatal deaths (perinatal mortality rate 18 per 1,000 total births, 95%CI 2–62). All cases associated with major

Corrections

Robati S, Verma A, Bhatt N. Pregnancy outcome and management of fetal hypertrophic cardiomyopathy: a case report and literature review (*Arch Dis Child Fetal Neonatal Ed* 2013;98: Suppl 1 A24-A25). Author N Bhatt was missing from the author list of this abstract.

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