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.

REFERENCES

PF.77 CAN ABNORMAL MATERNAL SERUM MARKER ANALYTES BE USED TO PREDICT OBSTETRICAL OUTCOMES?
doi:10.1136/archdischild-2013-303966.084
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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 fetuses.

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 1/3rd of the women developed complication like pre-eclampsia, placental problems like low lying placenta, adherent placenta, abruptio placenta, etc.

45% of the fetuses 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.

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 (65%) were diagnosed with HELLP syndrome antenatally at a median gestation of 35 weeks (range 21–41). 54% (57/109) of antenatally diagnosed women had a planned management of immediate delivery and delivered a median of 5 h 37 min after diagnosis (range 55 min to 2 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 to 74 h 43 min); only 2/65 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% (84/109) 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% (10/109) 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