Objective This prospective study examined the prevalence of dyslipidemia in postpartum women diagnosed with gestational diabetes mellitus (GDM).

Methods Women with GDM were reviewed 6–8 weeks postpartum. A fasting lipid profile was performed. Clinical details were recorded from the medical records, including the woman’s weight and body mass index (BMI) measured at her first antenatal visit.

Results Of the 98 women studied, the mean age was 33.0 years (range 25–45 years) and 30.6% (n = 31) were primigravids. The mean BMI was 30.6 kg/m² and 52% (n = 51) were obese. The overall prevalence of dyslipidemia was 52% (n = 51). Total cholesterol was raised in 44% (n = 45), low-density lipoprotein was raised in 33% (n = 32) and triglycerides were raised in 16% (n = 16). Of the 51 women with dyslipidemia, 73% (n = 37) had more than one abnormality in their lipid profile. The prevalence of dyslipidemia was 78% (n = 14) in women with moderate to severe obesity (BMI > 34.5 kg/m²) compared with 50% (n = 22) in non-obese women (p < 0.0001). Of the 5 women with an abnormal GTT postpartum, 80% (n = 4) had an abnormal lipid profile.

Conclusion Women with an abnormal GTT in pregnancy should be screened for dyslipidaemia postpartum at the time of their repeat GTT, and if the lipids are abnormal they should be offered cardio-protective interventions and ongoing monitoring of their lipid profile.

LOW MOLECULAR HEPARIN WITHIN THE UTEROPLACENTAL UNIT

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Background Perturbation of the uteroplacental haemostasis has been implicated in placenta mediated pregnancy complications in thrombophilic women. LMWH may be effective in altering local thrombin production in the uteroplacental compartment.

Aim We determined the effects of LMWH (tinzaparin) on the thrombin production in the uteroplacental compartment.

Method Eight women on antenatal LMWH prophylaxis (tinzaparin 75 IU/kg) due to moderate risk of VTE undergoing caesarean section (CS) and a control group of 15 healthy pregnant women undergoing CS and a control group of 15 healthy pregnant women were screened for dyslipidaemia postpartum at the time of their repeat GTT, and if the lipids are abnormal they should be offered cardio-protective interventions and ongoing monitoring of their lipid profile.

Conclusion Women with an abnormal GTT in pregnancy should be screened for dyslipidaemia postpartum at the time of their repeat GTT, and if the lipids are abnormal they should be offered cardio-protective interventions and ongoing monitoring of their lipid profile.

PM.08 METFORMIN, GLYCAEMIC CONTROL AND POSTNATAL GLUCOSE-TOLERANCE-TESTING IN WOMEN WITH GESTATIONAL DIABETES

doi:10.1136/archdischild-2013-303966.093

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Background Metformin has been shown to be safe, effective and acceptable to women with gestational diabetes (GDM), and is recommended as the first-line pharmacological treatment for women who meet the usual criteria for insulin.

Methods We retrospectively reviewed case notes of women with GDM in the Royal Infirmary of Edinburgh (RIE) from January 2009–March 2011. Audit standards derived from local guidelines included: metformin as the first-line glucose-lowering medication in at least 90% of cases; average blood glucose readings <8.0 mmol/L over two weeks in at least 90% of cases (≥8.0 mmol/L was considered ‘poor’ glycaemic control); and postnatal glucose-tolerance-test (GTT) in all cases. Neonatal outcomes were observed.

Results Of the 115 pregnancies reviewed, 82.3% (93/113) of women required glucose-lowering medication. Metformin was used first-line in 94.6% of women requiring medication (88/93), and 99.6% of these continued treatment until delivery. Supplemental insulin was required in 44.3% of cases (39/88). Average blood glucose readings of <8.0 mmol/L were achieved in 93.6%, and 91.2% of cases during the second and third trimesters respectively. 70.8% of
women (80/113) attended for postnatal GTT, and 25% of these (20/80) were abnormal. Macrosomia (defined as birth-weight ≥4000 g) affected 20.3% of babies. One baby required admission to the neonatal unit due to hypoglycaemia.

**Conclusion** In Rh, women with GDM receive appropriate medication. The quality of glycaemic control has been maintained since metformin became the first-line medication. Suboptimal attendance for postnatal GTT must be addressed to optimise the health of these women who are at risk of developing Type 2 diabetes.

**Abstract PM.10**

<table>
<thead>
<tr>
<th>Variable</th>
<th>aPL n = 37</th>
<th>APS n = 24</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAPP-A, median (IQR)</td>
<td>1.01 (0.75 – 1.56)</td>
<td>0.91 (0.86 – 1.15)</td>
</tr>
<tr>
<td>Live birth, n (%)</td>
<td>33 (89.2)</td>
<td>20 (83.3)</td>
</tr>
<tr>
<td>All placentally-mediated complications, n (%)</td>
<td>5 (13.5)</td>
<td>9 (37.5)</td>
</tr>
<tr>
<td>SGA, n (%)</td>
<td>1 (2.7)</td>
<td>5 (20.8)</td>
</tr>
<tr>
<td>Odds ratio</td>
<td>1.0</td>
<td>14.8</td>
</tr>
</tbody>
</table>

**Conclusion** Despite the high rate of placentally-mediated complications in women with APS, a low PAPP-A was not useful in predicting these complications.

**PM.11**

A LABEL-FREE SRM WORKFLOW IDENTIFIES A SUBSET OF PREGNANCY SPECIFIC GLYCOPROTEINS AS NOVEL PREDICTIVE MARKERS OF EARLY-ONSET PRE-ECLAMPSIA
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**Abstract**

We used a quantitative mass spectrometry (MS) approach to identify proteins with abundance changes in plasma (15 weeks) taken from women who subsequently develop PE recruited to the international SCOPE study. We developed a novel, targeted, label-free MS method, selective reaction monitoring (SRM) which enabled robust and reproducible verification of these proteins in a further 100 samples (16 early-onset PE, 42 late-onset PE, 42 controls).

**Results** We identified and quantified >500 plasma proteins, and prioritised a set of candidate predictive markers. The two most promising, Platelet Basic Protein (PBP/NAP-2) and Pregnancy-specific glycoprotein (PSG)-9 were selected for further verification. The SRM method was validated extensively using dilution experiments for PSG proteins and by comparison to a commercial ELISA for NAP-2. NAP-2 was only elevated in a subset of women with PE, however, peptides unique to PSG-9 and PSG-5 were consistently elevated in women with subsequent early onset PE (p < 0.01; AUCs 0.72–0.75). Other PSG peptides were not different between groups.

**Conclusion** This study has identified specific PSG proteins as being predictive of early-onset PE. Importantly, use of a highly specific MS method has enabled measurement of individual PSG family members which has not been possible using antibody-based techniques. Future work is needed to determine whether these proteins will improve current prediction algorithms for the identification of PE in low risk nulliparous women.