Conclusions  The significant incidence of fetal macrosomia in this cohort of women suggests untreated diabetes and potential benefits in adopting IADSPG criteria.

Within the obese group, there was no significant difference between ETP levels before and after fixed LMWH dose. However, ETP levels were significantly lower post weight-adjusted dose (75 iu/kg tinzaparin) compared with post fixed dose. There was a significant effect of LMWH on TFPI levels, (p < 0.0001). ETP correlated positively with total body weight at fixed dose (r = 0.578) (p < 0.05).

Conclusion  Morbidly obese pregnant women have increased thrombin generation and reduced natural anticoagulant in third trimester. The prothrombotic state in pregnant morbidly obese women was substantially attenuated by weight adjusted but not at fixed LMWH doses.

PM.60  EFFECTS OF LMWH PROPHYLAXIS ON THE MORBIDLY OBESE PREGNANT WOMEN

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Background  LMWH prophylaxis has been recommended for morbidly obese pregnant women (>40 kg/m²). However, no data exists on the anticoagulant effects of LMWH in this group.

Aim  We investigated different dosing regimens; fixed dose versus weight adjusted dose on the anticoagulant effects of the LMWH, tinzaparin used for thromboprophylaxis in obese pregnant women.

Method  Twenty morbidly obese pregnant women were started on a fixed dose of tinzaparin (4,500 iu/day) at 30 weeks gestation and then changed to a weight adjusted dose (75 iu/kg/day) for the remainder of their pregnancy. Four hour post dose venous blood were taken after each initial dose and repeated every 2 weeks until delivery. Twenty normal weight women at the same gestation were used as controls.

Result  Prior to LMWH prophylaxis, TFPI levels in the obese group at 30 weeks were significantly lower (p < 0.001) and ETP and peak thrombin levels in obese group were significantly higher compared with controls (P < 0.0001; P < 0.001).

PM.61  THE USE OF QUANTITATIVE FETAL FIBRONECTIN TO PREDICT OBSTETRIC OUTCOME: A COMPARISON OF A NEW AND ESTABLISHED QUANTITATIVE BEDSIDE ANALYSER IN ASYMPTOMATIC HIGH-RISK WOMEN

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Background  Preterm birth (PTB) remains a significant cause of neonatal morbidity and mortality. The most accurate predictors of PTB are ultrasound determined cervical length (CL) and fetal fibronectin (FEN)1. Quantitative FFN can be used to further outline risk in symptomatic women. New devices are appearing on the market.

Objectives  To compare the capacity of two different quantitative fetal fibronectin (FFN) systems to predict cervical shortening in asymptomatic women at high-risk of PTB.

Methods  Women underwent CL measurement and FFN testing between 20th and 32nd week of gestation in the Preterm Surveillance Clinic at St. Thomas' Hospital (August to November 2012). Fetal fibronectin samples were run using a bedside immunoassay system (10Q system, Hologic, Marlborough) and bedside chemiluminescence system (DryLab, Audit Diagnostics, Ireland).

Results  130 FFN tests were taken from 89 women. Comparison of all test results showed considerable difference between methods (R² 0.22). A short cervix (<25 mm) was found in 14 women. The 10Q system was able to significantly detect cervical shortening (Area under the curve 0.69, 95% CI 0.57–0.82, p = 0.002), however DryLab system could not (AUC 0.52, 95% CI 0.35–0.71, p = 0.012). Hologic 10Q had a better positive predictive value than DryLab (29% vs. 22% respectively), but similar negative predictive values (88% vs 87% respectively). Secondary outcomes such as gestational age at delivery will be presented.

Conclusion  Quantitative FFN is associated with cervical shortening and therefore risk of imminent preterm birth in asymptomatic women. Not all commercial devices are accurate.

REFERENCES
