PM.78 USE OF INTRAVENOUS IRON SUCRose INJECTIONS IN THE TREATMENT OF IRON DEFICIENCY ANAEMIA IN PREGNANCY

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Background Iron deficiency anaemia (IDA) is the commonest cause of anaemia in pregnancy affecting 19% of the Leeds pregnant population1. It is associated with maternal morbidity including fatigue and postpartum depression2. It is also linked to adverse pregnancy outcomes including preterm delivery and intrauterine growth restriction3. Aim To assess the use of intravenous iron sucrose antenatally in women with iron deficiency anaemia who were intolerant to oral treatment and its efficacy in increasing haemoglobin levels.
Method There were 25 patients who received iron sucrose injections in the antenatal period, identified retrospectively from the antenatal day records in the Leeds Teaching Hospitals.
Results Out of 25 patients in our cohort, 9 (36%) were given iron sucrose injections after 37 weeks gestation. 2 women (9%) received the injections between 20–30 weeks. The remaining 12 patients (52%) had their injections between 31–35 weeks. The mean gestation for commencing treatment was 34 weeks. The mean cohort haemoglobin level before treatment was 8.5 g/dL which improved to 9.9 g/dL after treatment. The maximum number of doses of iron sucrose injections used was 4. None of the patients required blood transfusion post-delivery. 2 patients (9%) delivered preterm between 31–37 weeks. 20 babies (80%) were born with an average birth weight between 2.5 kg–4.0 kg.
Conclusion Iron sucrose injections are very effective in increasing the haemoglobin level antenatally in women who can’t tolerate the oral preparation or very severely anaemic.

REFERENCES

PM.79 A REVIEW OF PREGNANT WOMEN ON TACROLIMUS AND PREGNANCY OUTCOMES IN LIVERPOOL

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Background Fertility is usually restored in women with renal transplants, one series noting pregnancy occurring in 12% of women at childbearing age4. Tacrolimus is the primary immunosuppressant in renal transplant patients. Improved transplant outcome correlates with increasing antenatal population receiving immunosuppressive therapy5. As pregnancy progresses, hepatic P450 cytochrome may be inhibited which thought to lead to increased serum Tacrolimus levels. We think circulating plasma volume increases and this would drop Tacrolimus levels by a dilutional effect.


Results 15 pregnancies in 11 women on Tacrolimus recorded. Mean maternal age 30.1. Mean transplantation age 23.9 years. 5 patients had multiple renal transplants.

6 patients were primiparous (40%) and 9 multiparous (60%). Only 5 women received pre-pregnancy counselling.

10 pregnancies required increasing antenatal Tacrolimus dosing. 3 patients developed worsening renal function.

Mean gestation reached 30 weeks, with 80% of deliveries occurring <37 weeks. Live birth rate was 73.3%. 4 patients (26.7%) entered spontaneous labour, 5 (33.3%) required induction (33.3%) and 6 caesarean section deliveries (40%). Only 3 patients (20%) attended post natal follow-up within 6 weeks post-delivery.

Conclusions Our findings suggest dropping Tacrolimus levels in the late first and early second trimester, but then levels appear to gradually increase. Our live birth, IUGR and emergency caesarean rate were in consistency with rates noted in previous studies6. More research needed looking at the effect of fluctuant Tacrolimus levels and if a drop in first trimester is associated with adverse pregnancy outcome.

REFERENCES
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REFERENCES

PM.80 RETRIEVABLE INFERIOR VENA CAVA (IVC) PHILTRES IN PREGNANCY – A CASE SERIES AND REVIEW OF THE LITERATURE

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We report 3 cases of retrievable IVC philtres in pregnancy and performed a systematic review of the literature to determine the indications, success and complications rates for these devices in pregnancy.

A literature search of PubMed and Medline was conducted using the terms IVC philtre and pregnancy.

In our unit, 2 women had peripartum pulmonary emboli (PE) and the third woman had an iliac vein thrombosis and recurrent antepartum haemorrhage. Insertion of philtres was uncomplicated but only one was retrieved post delivery.