Introduction  Since the introduction of a venous thromboembolism (VTE) risk assessment tool in 2011 there has been an increase in the workload of the combined Obstetric-Haematology clinic. In view of this increase a retrospective review of the size and composition of clinics during the first 12 weeks of 2011 and 2012 was carried out.

Method  Clinic lists for the relevant weeks were obtained and the letters reviewed. New referrals were categorised as VTE risk assessment or other. The type of clinic and number of antenatal visits was obtained from the patient activity summary.

Results  The total number of new referrals to the clinic increased by 51.4% when the first 12 weeks of 2011 and 2012 were compared. The number of referrals for VTE risk increased by 40%.

51.4% (18/35) of the VTE risk assessment new referrals made in 2012 were women with a family history of VTE, compared with 16% (4/25) in 2011. In 2012 of the women referred for a family history of VTE 61.1% (11/18) were reviewed at one further follow up appointment in the combined clinic.

Conclusions  The introduction of the VTE risk assessment tool has contributed to the increase in new referrals. Many of the women reviewed do not require further Consultant input and may be suitable for review by a Specialist Midwife. The development of a Specialist Midwife role may increase Consultant clinic capacity and may miss out on holistic care from their community Midwife.

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EVALUATION OF 10 YEAR TERM STILLBIRTH DATA IN A LARGE UK TERTIARY UNIT SERVING A MULTIENTHIC POPULATION

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Stillbirths at term can be devastating for both parents and obstetrician. In most cases the cause is unexplained.

Method  Retrospective review of cases from 2000–2010 at a large UK teaching hospital. 220 cases were identified from the database.

Findings  21% of women were between 35–40 years. 10% of patients had BMI &gt; 35. Majority of patients were white British (56%) followed by Asian (25%) background. Medical problems identified were Preexisting diabetes/developed during pregnancy (6%) and asthma (9%).

21% mothers had history of smoking. 40% of patients presented with reduced fetal movements. Most of the babies weighed between 3.1–4.0 Kg and abnormalities were identified in 10% after birth. Results from the placental histology revealed mild to moderate choioamnionitis (15%) followed by infarction (7%) and thrombus/fibrin deposits (7%). Patients who agreed to have karyotyping, results revealed normal in 15% of cases but failed in 10%.

Summary  Incidence of stillbirth can vary in multiethnic population due to socioeconomic inequalities. It is obvious that the risk is higher in obese women and those with medical problems. Identification of SGA may be one way by which antenatal care reduces stillbirth. Unexplained antepartum stillbirths accounted for 50% of cases, and a better understanding of these stillbirths is necessary to avoid the recurrence in future pregnancies.

MOLECULAR MARKERS OF EARLY AND ESTABLISHED LABOUR IN HUMAN MYOMETRIUM

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The normal physiological end point of pregnancy is signalled by the onset of myometrial contractions. However, the biochemical processes may have already occurred at or before term via a series of changes in the expression of pro-labour genes. Prostaglandin H synthase (PGHS-2), CXCL-8 and oxytocin receptor (OTR) have been recognised as markers of labour. Our aim was to determine the changes in these prolabour genes during labour.

Lower segment myometrium samples were taken from pregnant women undergoing caesarean section either before labour (TNL, n = 19) or after the onset of labour. Term labour was further classified into 2 groups, early labour (EAL, cervical dilation ≤ 2 cm, n = 19) and established labour (ESL ≥ 3 cm, n = 24). Samples were rapidly frozen at −70°C, RNA extracted and converted to cDNA.

Real-time PCR was used to measure copy numbers of GAPDH, PGHS-2, CXCL-8 and OTR.

Significant increases were seen in PGHS-2 (0.77 ± 0.14) and OTR (15.19 ± 2038) expression in EAL, when compared with TNL samples (0.26 ± 0.06 and 8.6 ± 1.61 respectively; p < 0.05 in each case). However CXCL-8 was significantly increased only in ESL (TNL, 0.38 ± 0.09; ESL 56.16 ± 46.01, p < 0.05. These data show that there are differences in the gene expression at different stages of term labour. PGHS-2 and OTR are increased in early labour whereas CXCL-8 is increased only in established labour.

INFLAMMATORY SIGNALLING IN FETAL MEMBRANES: THE TRANSCRIPTOME OF CHORIOAMNIONITIS

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