Conclusion CRL discordance is of poor predictive value for adverse perinatal outcome after 14 weeks of gestation in either MC or DC twin pregnancies.

doi:10.1136/archdischild-2013-303966.294
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Background A previous study (Lancet 2003; 362:1779–84) reported an increased risk of unexplained stillbirth in women with previous caesarean delivery among women having second births in Scotland, 1992–1998. Subsequent studies have yielded heterogeneous results but have employed data, analytic approaches and interpretation of variable quality.

Methods/Results We replicated our previous methods and analysed 128,585 eligible singleton second births between 1999 and 2008. There were 88 stillbirths among 23,683 women with a previous caesarean (2.35 per 10,000 women per week) and 288 stillbirths in 104,897 women who previously delivered vaginally (1.67 per 10,000 women per week, P = 0.002). When analysed by cause, women with a previous caesarean had an increased risk (hazard ratio [95%CI] P of unexplained stillbirth (1.47 [1.12–1.94] P = 0.006) and the excess risk was apparent from 34 weeks onwards (1.75 [1.23–2.49] P = 0.002). When the analysis was confined to 96,988 women with linked records from the first and second pregnancy (confirming exact mode of previous delivery) the association was stronger (2.12 [1.55–2.88] P < 0.001). Adjustment for maternal characteristics and first pregnancy complications had a minimal effect (1.97 [1.43–2.72] P < 0.001). The association was similar within the previous caesarean was performed prior to labour (2.1 [1.24–3.80] p = 0.007) or during labour (2.50 [1.58–4.08] p < 0.001) and when the analysis was confined to previous term births (2.58 [1.50–4.58] P < 0.001).

Conclusion We confirm that previous finding that previous caesarean delivery is a risk factor for unexplained stillbirth. The association is independent of maternal characteristics, obstetric outcome or the indication for the caesarean delivery.

**PP14** PROGESTERONE MODULATES CERVICAL ANTIMICROBIAL IMMUNITY
doi:10.1136/archdischild-2013-303966.295

Introduction Human beta defensins (HBD1, 2.3) have antimicrobial and immunomodulatory properties and are components of the cervical mucus plug. Vaginal progesterone delays delivery in women with cervical shortening, but the mechanism(s) underlying this effect remain undetermined. This study describes the expression of HBDs by cervical epithelia in response to stimulation with classical infective and inflammatory agonists and progesterone.

Methods The human endo-cervical cell-line End1/E6E7 and ecto-cervical cell-line Ect1/E6E7 were stimulated with bacterial (Lipo-polysaccharide, LPS, Peptidoglycan, PGN) and inflammatory (Interleukin 1 beta, IL-1β; Interferon gamma, IFNγ) agonists and progesterone for up to 24 hours. HBD secretion was assessed by ELISA.