Conclusion The associations were minimally affected by adjusting for maternal with these birth weight categories was 33% (95% CI: 28 to 37%).

Methods/Results Fetal growth in determining the risk of stillbirth at term. However, there is limited information on the importance of twin pregnancies.

Objectives In the range 20–80th. The risk (odds ratio [95% CI] P) of stillbirth weight percentile and the risk of stillbirth (all causes except con- 

Background Approximately one third of all stillbirths occur at term. These losses are potentially preventable by early delivery at 37 weeks. One means of screening to detect babies at risk of term stillbirth would be to use ultrasound to assess abnormalities of fetal growth. However, there is limited information on the importance of fetal growth in determining the risk of stillbirth at term.

Methods/Results We studied registries of Scottish maternity and stillbirth data and identified 668,887 eligible records of term births since 1992. Birth weight was classified on the basis of sex and gesta- 

Results A total of 2,161 twin pregnancies were included in the analysis. A BW discordance of ≥25% was associated with the highest AUC for the prediction of stillbirth and neonatal death (BW AUC = 0.72; 95% CI: 0.65–0.80). The perinatal loss in twins with a BW discordance of ≥25% was significantly greater (60.9 per 1,000 fetuses) than that in twins with an EFW discordance <25% (8.6 per 1,000 fetuses) (p < 0.0001); the predictive accuracy was similar using either BW or ultrasound EFW discordance (EFW AUC = 0.69; 95% CI: 0.62–0.77, p = 0.62). Logistic regression analysis demonstrated that BW discordance and gestational age, but not chon- 

Conclusion Approximately one third of all term stillbirths are associated with growth abnormality. These data indicate that population screening for growth abnormality could identify babies at increased risk of term stillbirth.

Methods A retrospective study of all twin pregnancy births from a large regional cohort of 9 hospitals over a ten year period. Inter- 

Results A total of 2,161 twin pregnancies were included in the analysis. A BW discordance of ≥25% was associated with the highest AUC for the prediction of stillbirth and neonatal death (BW AUC = 0.72; 95% CI: 0.65–0.80). The perinatal loss in twins with a BW discordance of ≥25% was significantly greater (60.9 per 1,000 fetuses) than that in twins with an EFW discordance <25% (8.6 per 1,000 fetuses) (p < 0.0001); the predictive accuracy was similar using either BW or ultrasound EFW discordance (EFW AUC = 0.69; 95% CI: 0.62–0.77, p = 0.62). Logistic regression analysis demonstrated that BW discordance and gestational age, but not chon- 

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.

Introduction Human beta defensins (HBD1, 2.3) have antimicro- 

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.

Abstracts

PP12 WEIGHT DISCORDANCE AND PERINATAL MORTALITY IN TWINS: THE STORKE MULTIPLE PREGNANCY COHORT doi:10.1136/archdischild-2013-303966.293

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Objectives The main aim of this study was to ascertain the performance of BW and ultrasound EFW discordance in the prediction of perinatal loss in twin pregnancies.

Methods A retrospective study of all twin pregnancy births from a large regional cohort of 9 hospitals over a ten year period. Inter- 

Results A total of 2,161 twin pregnancies were included in the analysis. A BW discordance of ≥25% was associated with the highest AUC for the prediction of stillbirth and neonatal death (BW AUC = 0.72; 95% CI: 0.65–0.80). The perinatal loss in twins with a BW discordance of ≥25% was significantly greater (60.9 per 1,000 fetuses) than that in twins with an EFW discordance <25% (8.6 per 1,000 fetuses) (p < 0.0001); the predictive accuracy was similar using either BW or ultrasound EFW discordance (EFW AUC = 0.69; 95% CI: 0.62–0.77, p = 0.62). Logistic regression analysis demonstrated that BW discordance and gestational age, but not chon- 

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

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Introduction Human beta defensins (HBD1, 2.3) have antimicro- 

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.