**Background** (1) In 1999, the UK DOH Teenage Pregnancy Strategy Plan pledged to reduce the pregnancy rate by 50% in <18 yrs old by 2010. (2) In 2009, the UK teenage pregnancy rate was 38.3 per 1,000 compared to 54.3 per 1,000 in Barking & Dagenham (high-risk area served by the hospital).

**Aim** This retrospective cohort study reviewed all viable teenage pregnancies from Jan 1, 2010–Dec 31, 2010.

**Method** Data were obtained from the Labour Ward, Birth Notification and Operating Theatre Registries.

**Results** There were 257 teenagers with 260 viable babies > 28 weeks gestation. This included primigravida (230/257) = 89.49% and multiparous (27/257) = 10.51%. The ages ranged from 14–19 yrs (mean = 18.29 yrs). Ten (10/257) 3.89% were < 16 yrs old. There were Instrumental deliveries (29/257) = 11.28%, Caesarean section (36/257) = 14.01%, and Vaginal deliveries (192/257) = 74.71%. The mean fetal birth weights were - Instrumental 3.389 kg +/- SD 0.468 kg, Caesarean 3.106 kg +/- SD 0.752 kg; and Vaginal Delivery 3.117 kg +/- SD 0.501 kg.

**Maternal Morbidity** Third degree tear (n = 3), Pre-eclampsia (n = 12) & PHF > 1 litre (n = 4).

**Fetal Morbidity** SCBU admission (n = 7), Stillbirth (n = 3) & Shoulder dystocia (n = 2).

**Discussion** During 1999–2009 the teenage pregnancy rate fell by only 13.5% in spite of the DOH Teenage Pregnancy Strategy Plan.

1. In this cohort the caesarean rate was lower 14.01% vs 24%, the vaginal delivery higher 74.71% vs 65% but the instrumental was similar 11.28% vs 10% compared to the UK average (Caesarean Section Sentinel Audit).
2. There was a dedicated Teenage Pregnancy Midwifery Team providing continuity of care.
3. There were 10.51% (27/257) multiparous teenagers thus contraceptive advice remains crucial, as UK has the highest teenage pregnancy rate in Europe.

**Reference**


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**PP41 MANAGEMENT OF OBESITY IN PREGNANCY IN THE WEST OF SCOTLAND**

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In 2012, a prospective 3-month audit of management of obesity in pregnancy was undertaken in Glasgow and Clyde maternity hospitals comparing practise to CMACE/RCOG guideline. 214 women were identified out of 3,834 deliveries: 138 (64%) had a body mass index (BMI) of 35–39 whilst 76 (36%) had a BMI ≥ 40. Out of total deliveries, 3.5% had a BMI of 35–39 and 2.0% had a BMI ≥40.

43 (51%) women took folic acid preconception which increased to 125 (91%) women in first trimester. However, only 2 women took 5 mg preconception and 7 took this during first trimester. Only 4 women had documented evidence of vitamin D supplementation. Hand-held records were available in 197 cases and 193 (98%) women had booking BMI recorded. Anaesthetic review occurred in 65 (89%) women with BMI ≥ 40.

Antenatal thromboprophylaxis was indicated in 43 women, but 11 women received it. Postnatally, all women with BMI ≥ 40 should have thromboprophylaxis, however 50 (66%) received this, out of which 14 women received appropriate dose for weight. Though only 21 (10%) women had glucose tolerance test in BMI 35–39 group, this increased to 44 (58%) women in BMI ≥ 40 group.

44 (58%) women with BMI ≥ 40 had obstetric staff of specialty trainee year ≥ 6 in attendance at delivery. There is good compliance of guideline with 195 (91%) women having documented active management of third stage and only 1 woman induced for BMI. We conclude that some CMACE/RCOG recommendations have been implemented, though there is much scope for improvement.

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**PP42 INVESTIGATION OF NEONATAL ENCEPHALOPATHY: THE LOST PLACENTAL ‘BLACK BOX’**

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**Background** After an aeroplane crash, recovery of the ‘black box’ is a high priority for investigators; analysis of recorded parameters frequently identifies cause or contributing factors. The placenta likewise provides an invaluable record of the pre–crash period in hypoxic ischaemic encephalopathy (HIE); its examination often identifies significant factors such as inflammation or vasculopathy.

**Objective** To determine the frequency of histopathologic placental examination and chorioamnionitis in a high-risk population of encephalopathic newborns.

**Methods** We studied neonates ≥36 weeks’ gestation admitted with HIE to three tertiary-level UK centres between 01/07/06 and 30/06/11. We assessed if placental histopathological examination was carried out and if there was evidence of chorioamnionitis and/or funisitis.

**Results** 305 infants were admitted with HIE in the 5-year study period. Placental data were unavailable for 140 outborn infants. Only 50/165 (30%) inborn babies had placenta submitted to pathology. Histopathological examination confirmed chorioamnionitis and/or funisitis in 16/50 (32%) cases.