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 range 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 +/- 0.468 kg, Caesarean 3.106 kg +/- 0.752 kg; and Vaginal Delivery 3.117 kg +/- 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.

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 3,884 deliveries; 138 (64%) had a booking 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 68 (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 ≥ 40.

REFERENCES


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