Study design A qualitative semi-structured interview format was utilised. Purposive sampling was used to recruit 10 parents who either consented or declined autopsy from a large hospital, where there were 30 stillbirths in 2011. Interpretative phenomenological analysis (IPA) was employed as the analytic strategy. IPA allows for close examination of parents' experiences using a small purposive sample by identifying superordinate themes which highlight what is important to the participant but also detail the meaning of these phenomena in a social context.

Results Findings revealed four superordinate themes influencing parents' decision-making; attribution of death, searching for meaning, knowledge of the autopsy procedure and protective parent. Parents discussed the need for the certainty of the diagnosis as it influenced emotional reactions including difficulty in coping with the uncertainty of the outcome of a future pregnancy. Parents, who declined autopsy, strongly indicated that the key reason was to protect their child from further harm. Parents' knowledge and understanding of the autopsy process was acquired primarily from public discourse, with particular reference to television programmes, which elicited negative responses from parents due to their perception of the invasive nature of the autopsy process.

Conclusion These findings have implications for psychological models of decision making and clinical practise. This study underscores the challenges that clinicians face in overcoming public misperceptions of the invasiveness of some autopsy procedures.

PP.47 EVALUATING OUTCOMES OF SKELETAL DYSPLASIAS (SDS)

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Objective To evaluate the outcome of 543 pregnancies identified with a skeletal dysplasia or an antenatal suspected skeletal anomaly in the East Midlands and South Yorkshire (EMSYCAR) Congenital Anomaly Register over a fifteen year period.

Background Skeletal dysplasias form a large group of congenital anomalies affecting cartilage and bone growth. Strongly associated with syndromes and underlying genetic conditions, they vary in severity from lethal achondroplasias to milder osteochondroplasias. The UK Fetal Anomaly Screening Programme antenatal detection target for *lethal* SDs is 60%. Given the problems with definitive antenatal diagnosis this is difficult to achieve.

Methods Between 1997 and 2011, 982,073 births were monitored by EMSYCAR; 543 cases were identified with a SD or antenatally suspected skeletal anomaly (a birth prevalence of 5.53/10,000 births). Each case was individually reviewed to ascertain the type and severity of the skeletal anomaly as ICD-10 codes alone cannot adequately perform this function.

Results 62 (11.4%) of the 543 had fully resolved by delivery. 77 (18.4%) resulted from a chromosomal anomaly, and 65 (12.0%) had other structural anomalies. The remaining 339 (62.4%) had a skeletal anomaly (3.45/10,000), of which 206 had a SD. Of these 77 were non-lethal and 129 lethal (1.31/10,000). Overall, 93% of lethal SDs were identified antenatally, 63% within the FASP screening window ($<20^{+6}$ weeks gestation).

Conclusion Although only 38% of total cases had an isolated actual or suspected skeletal anomaly, almost two-thirds of those were lethal SDs. The vast majority were antenatally diagnosed and the FASP target achieved.

PP.48 THE IMPACT OF SEVERE MATERNAL MORBIDITY ON PSYCHOLOGICAL HEALTH AT 6–8 WEEKS POSTPARTUM – A PROSPECTIVE COHORT STUDY IN ENGLAND

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Background The incidence of severe maternal morbidity (SMM) is increasing in high-income countries as a consequence of higher caesarean section rates and more complex health needs of women who become pregnant. Access to emergency obstetric care means that for the majority of these women, SMM is unlikely to result in loss of life. However, little was known about the impact on postnatal morbidity.

Aim To assess the impact of SMM (defined as major obstetric haemorrhage, severe hypertensive disorders, critical care unit admission) on maternal health, focusing particularly on post-traumatic stress disorder (PTSD) symptoms at 6–8 weeks postpartum.

Method A prospective cohort study was undertaken of women who gave birth over six months in 2010 in one large inner city maternity unit in England. Data on health outcomes were collected on 1824 women using self-administered questionnaires at 6–8 weeks postpartum (response rate = 53%). Multivariable logistic regression analysis examined the relationship between SMM and PTSD symptoms taking into account factors that might influence the relationship. Ethics approval was obtained.

Results There was a higher risk of PTSD symptoms following SMM (OR = 3.22, 95%CI = 1.62–6.43, p = 0.001) after adjusting for all potential confounding factors. Women's higher perceived control during labour and birth and better neonatal outcomes slightly reduced the effect size of SMM on PTSD symptoms.

Conclusion Findings have important implications for women's health, and the content and organisation of maternity services. Women and clinicians should be aware that SMM can trigger symptoms of PTSD, with further work required to promote care to prevent these symptoms.

PP.49 WITHDRAWN BY AUTHOR

PP.50 WITHDRAWN BY AUTHOR

PP.51 PERINATAL OUTCOMES IN TWIN PREGNANCY IN IRELAND

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Introduction Over the past two decades multiple births have been increasing in Ireland, in 2011 17.9 sets of twins per 1,000 live births were born. This study aims to investigate adverse perinatal outcomes in twin pregnancies.

Methods A retrospective cohort study of all twin pregnancies delivered from 2009 to 2011 in a large, tertiary hospital (~8,000 deliveries per annum) in the Republic of Ireland was conducted. Birth registers, NCIU and clinic records were reviewed to examine perinatal outcomes.

Results Of the 523 twin pregnancies included in the study mean gestational age at delivery was 35.1 ± 3.8 (weeks). 79.1% (n = 413) delivered preterm (<37 weeks) of which 75.8% (n = 313) were classified as late preterm infants, delivering between 34–37 weeks. Among the 523 twins 47.5% (n = 247) were nulliparous and 16.3% (n = 87) were monochorionic (MC). Nulliparity and MC were both significantly associated with preterm delivery (p = 0.02 and p < 0.001, respectively). Both had lower mean gestational ages (p = 0.007 and p < 0.001, respectively) with significant lower birth weights (p < 0.001) compared to parous and dichorionic (DC) pregnancies. Intra-uterine fetal death (11.9% vs. 1.3%; p < 0.001), TTTS (24.1% vs. 0.1%; p < 0.001) and perinatal mortality (p = 0.002) were higher in MC pregnancies compared to DC. Mean maternal age was 33.2 ± 4.9 years and fetal anomalies increased with advanced maternal age; <40 years of age, (p = 0.01).

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Conclusion Our findings show that monochorionicity and nulliparity are associated with adverse perinatal outcomes in twin pregnancies, and confirm that these pregnancies warrant close antenatal surveillance.

PP.52 NATIONAL REVIEW OF POSTMORTEM RATES IN IRELAND – ARE WE TO BLAME?

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One in 200 babies in the Republic of Ireland is stillborn. Investigating the cause of stillbirth helps gives the clinician valuable information in relation to managing a subsequent pregnancy. A PM is the most useful and informative investigation that can be performed in the postnatal period.

PM uptake rates in Ireland are low, circa 50%. There are few guidelines for staff on how to broach this issue and it is possible that individual clinicians' attitudes to PM affect the uptake rates.

We conducted a questionnaire study examining the attitudes of midwives and obstetricians in Ireland to perinatal PM. This questionnaire has been validated by the ISA, ANZSA and also by UK–Sands.

In total 117 questionnaires were completed. Obstetricians made up 44% of respondents - the rest were midwives. 17% of respondents never gave information to parents about PMs. Of those who did, only 37% did so at the time of diagnosis. The majority of respondents (76%) were dissatisfied with the quality of training received in how to counsel for PM. 46% of respondents were satisfied with the quality of information materials available in counselling parents re PM. 83% felt that a clinical guideline would be helpful to assist parents in decision making.

To summarise, there is a wide variation among health care staff in the current knowledge and clinical practise relating to stillbirth and consenting for PM. We anticipate that by introducing a standardised guideline and improving staff education that our PM rates will improve dramatically.

PP.53 DOMESTIC VIOLENCE AND TERMINATION OF PREGNANCY: A SYSTEMATIC REVIEW OF THE LITERATURE

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Introduction Domestic violence (DV) during pregnancy is common and correlated with maternal and perinatal morbidity and mortality, but less is known about the association with termination of pregnancy (TOP). The aim of this research was to synthesise current evidence on the association between DV and TOP.

Methods A systematic review was undertaken, with a structured search of four databases and reference list screening. Screening of titles and abstracts (241 papers excluding duplicates) was carried by two authors and selected papers were read in full (71). Inclusion criteria were peer-reviewed publication with defined methodology studying TOP and an aspect of DV. Formal data extraction and CASP scoring of 50 quantitative and 4 qualitative studies was undertaken by two authors. PRISMA guidelines were followed.

Results 91% of studies from 19 countries found a correlation between TOP and DV, relating to physical, emotional and sexual violence. Reported prevalence of DV varied from 7–29% (recent) and 21–39.5% (lifetime). Rates were higher amongst women who did not tell their partners about the TOP. There was a consistent correlation with DV and multiple terminations. The reasons that women in violent relationships chose to terminate was examined: two studies found women who were pressurised or forced by their partner into TOP. Descriptions of contraceptive sabotage and rape-related pregnancy were also identified. Five studies using male subjects found similar results.

Conclusion DV is common among women seeking TOP. Their healthcare and safety needs differ from the general population and should be considered by care providers.

PP.54 WITHDRAWN BY AUTHOR

PP.55 SCREENING WOMEN FOR ASYMPTOMATIC BACTERIURIA IN EARLY PREGNANCY MAY REDUCE THE RISK OF LOW BIRTH WEIGHT

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Introduction Anatomical changes in pregnancy predispose women to asymptomatic bacteriuria (ASB). Current NICE guidance in the UK advises that a mid-stream urine (MSU) sample should be offered in early pregnancy to screen for and treat ASB.

Aims To investigate how many women currently have an MSU in early pregnancy (<18 weeks gestation) in an inner-city maternity unit; to evaluate whether current screening practise affects pregnancy outcome.

Methods This was a retrospective cohort study which examined notes of all delivered women who gave birth within a three-week period. Appropriate parametric and non-parametric tests were used to determine intergroup differences.

Results 243 women delivered during this period. Although all had been booked before 18 weeks gestation, only 9% (n = 22) had been screened for ASB. Of the unscreened population, 18% (n = 40) subsequently developed a UTI in pregnancy, and these were more likely to deliver a LBW baby (18% <2500 g; OR 2.9, 95th CI 1.1–7.9). The screened population had rates of LBW (4%) which were the same as the unaffected cohort within the unscreened population (6%).

Conclusion These data suggest that a policy of not screening for ASB may increase the chance of LBW babies being born. Although other confounding variables were not controlled for in this study, the evidence would suggest a policy of screening for ASB remains a reasonable option in pregnancy. (supported by Cerebra).

Keywords Asymptomatic bacteriuria/pyelonephritis/preterm labour/low birth-weight.

PP.56 ABNORMAL PLACENTAL PATHOLOGY AND SHORT-TERM NEONATAL OUTCOMES IN THE PRETERM INFANT

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Introduction Placental pathology provides a unique insight into the intrauterine environment prior to preterm birth.

Objectives To investigate correlations between maternal variables and abnormal placental pathology in a cohort of women delivering extremely preterm; to determine associations between these and the incidence of adverse short-term neonatal outcome.

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