

**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.

**PP52 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.

**PP53 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.

**PP54 WITHDRAWN BY AUTHOR**

**PP55 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, 95<sup>th</sup> 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.

**PP56 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.