notes helped them to be more involved with planning their care. Most healthcare providers (92%) thought that the notes were helpful in planning care, flowed logically and facilitated documentation.
Conclusions Our new pre-pregnancy notes are a useful tool to make women with diabetes aware of the preparations necessary before commencing a pregnancy. Following the success of the pilot, the record is now being introduced in an increasing number of maternity units providing diabetes in pregnancy care.

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PP.60 OUTCOMES OF EXPECTANTLY MANAGED PRETERM PREMATURE RUPTURE OF MEMBRANES BEFORE 28 WEEKS OF GESTATION

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Objectives The aim of our study was to define the maternal and fetal outcome following preterm rupture of membranes before 28 weeks of pregnancy.
Study design We conducted a retrospective study at tertiary centre, Northern Ireland. The study group included 10 patients with premature rupture of membranes ranging between 14 weeks to 27+6 weeks gestation during the period January 2009–2010 December. The main outcome measured was neonate survival.
Results Given the cultural background termination of pregnancy is discussed only if there is threat to maternal life. All women in our group had expectant management. We had one twin pregnancy. 3 women had history of antepartum haemorrhage in the current pregnancy. The latency between rupture of membranes to delivery varied from 1 day to 11 weeks. All women had spontaneous onset of labour. 82% of babies were delivered vaginally of which nearly 56% were vaginal breech delivery. Our take home baby rate was only 45%. There was 3 stillbirth and 3 neonatal death in the group. Unfortunately women with rupture of membranes before 20 weeks of gestation had perinatal mortality of 100%. The main cause of death was prematurity. We also discuss about steroids, newborn resuscitation methods, weight of babies, survival days in case of neonatal death, length of stay mother antenatally, postnatally and of the baby.
Conclusion our results are valuable in counselling women with early preterm rupture of membranes. Pregnancy outcomes remain dismal when the fetal membrane ruptures before 20 weeks of gestation.

PP.61 WHAT IS THE APPROPRIATE MANAGEMENT OF A PREGNANT WOMAN WITH RISK FACTORS FOR GESTATIONAL DIABETES (GDM) AFTER AN INCOMPLETE OGTT RESULT?

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Background Severe nausea and vomiting are recognised complications of OGTT and the estimated rate of failure to complete the 75 g test protocol has been stated as 2.4%. This scenario leaves clinicians with a dilemma about further management and there are no guidelines on this subject.
Aims To analyse the management of pregnant women with risk factors for gestational diabetes whose diagnosis remains unresolved following an incomplete WHO 75 g OGTT and to relate this to outcomes.
Methods Retrospective case note reviews of incomplete OGTT cases where fasting levels were normal according to WHO criteria.
Results 17 women met the selection criteria. All the women had at least one NICE recognised risk factor for gestational diabetes, the commonest factor being relevant history in a first degree relative [58.8%]. The OGTTs were performed between 26 and 34 weeks gestation and were all incomplete due to severe nausea or vomiting. Subsequently, 53%(9/17) of the women were given dietary advice and carried out blood glucose monitoring for one week before discharged to standard antenatal care, 6%(1/17) continued monitoring for 1 month, 6% (1/17) continued monitoring till the end of the pregnancy and 35% (6/17) were discharged to standard care without any monitoring. None of the women required any further intervention on the grounds of raised glucose levels. They all proceeded to live-births and there were no adverse sequelae directly attributable to GDM.
Conclusions Limited monitoring after an incomplete "normal" OGTT in women with risk factors for GDM resulted in no significant increase in adverse sequelae.

PP.62 DEFYING THE BIOLOGICAL CLOCK: WHY ARE UK WOMEN BECOMING MOTHERS LATER?

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Despite warnings regarding increased risks of infertility and poor pregnancy outcomes, more women are delaying childbearing past age 35 [1]. Limited empirical research has examined the factors underlying this demographic shift. This study explored views surrounding the timing of childbearing among childless women from North-West England and portrayals of older mothers in the British Media, which is recognised as a powerful influence on health-related behaviours. In-depth qualitative analyses were conducted of: (1) The views and experiences of six women aged between 18 and 24, six women aged between 25 and 34 and six women aged 35 or more *and* (2) Representations of pregnancy/birth in women over 35, in 839 newspaper/magazine articles and 35 television programmes published or broadcast over a calendar month. Data were managed manually and subjected to thematic analysis. Across groups, women suggested that they were *living within boundaries,* defined by themselves and others*;* they aspired *to being a great mother or no mother;* and had *a desire to contribute* to family and society, at multiple levels. Personal expectations and social factors contextualised decision making. Media discourses, dominated by celebrity coverage, promoted later motherhood as a means to reconcile expectations of economic and social productivity with being a 'good mother'. Medical risks were underplayed, reinforcing women's notions that later motherhood was achievable and acceptable. Effective communication of the risks associated with delayed childbearing challenges professionals and policymakers to expand the current restrictive framing of this issue.

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PP.63 SHOULDER DYSTOCIA – A RISK MANAGEMENT POINT OF VIEW

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Background Shoulder dystocia remains a common cause of litigation in obstetrics.

The RCOG Shoulder Dystocia Guideline (2005) recommends auditing all cases of shoulder dystocia to improve training and patient care.

Aim This retrospective cohort study reviewed maternal and fetal complications for all cases of shoulder dystocia from July 1, 2008–Dec 31, 2010 at a large University Teaching Hospital in the UK.

Method Cases were collected from the Operating Theatre, Special Care Baby Unit, Delivery Suite and Risk Management Registries.

Results There were 292 cases (~1%) of shoulder dystocia [primigravida (n = 100), and multiparous (n = 192)]. The overall total [Group 1] (n = 292 mean birth-weight 3.979 kg ± 0.475; the Instrumental Delivery [Group 2] (n = 94) mean birth-weight 3.937 kg ± 0.486; and the Instrumental Delivery in Theatre [Group 3] (n = 28) mean birth-weight 4.036 kg ± 0.577. In group 3, a Consultant was present in theatre 19/28 (67.86%).

FETAL COMPLICATIONS

SCBU Admission (n = 17) – 5.82%
Macrosomia > 4.5 kg (n = 33) – 11.30%
Erbs Palsy & Bone Fracture (n = 6) – 2.05%
Stillbirth (n = 1)

MATERNAL COMPLICATIONS

Postpartum Haemorrhage >1000 mls (n = 20) – 6.85%
3rd Degree Tear (n = 22) – 7.53% & [4th degree Tear (n = 1)]
Severe Shoulder Dystocia
Delivery head-to-body interval ≥ 5 mins (n = 12) – 4.10%
Delivery Required ≥ 3 Manoeuvres (n = 34) – 11.64%

Conclusion

1. The Risk Management team had a robust proforma with standardise documentation to identify, investigate (Serious Incident Reporting) and include all shoulder dystocia cases in the monthly maternity dashboard.
2. All Erbs palsy/fractures cases had outpatient Paediatric and Physiotherapy followed-up.
3. All staff must attend mandatory training involving shoulder dystocia drills.

PP.64 IMPACT OF ORAL HEALTH OF THE MOTHER DURING PREGNANCY ON ORAL HEALTH OF CHILDREN

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Introduction Dental caries is a major chronic disease in children justifying investigate the effect of oral health of the mother during pregnancy on oral health status of the child. Thus, surveillance of oral health of the mother during pregnancy is essential for the promotion of child health.

Objectives To characterise the oral health of the mother during pregnancy and its effect on oral health status of the children.

Methods Observational and cross study conducted on a random sample of 653 mothers and their respective descendants living in the central region of Portugal.

Material Data collection was conducted through a questionnaire on Oral Health in Pregnancy. It is further preceded to the evaluation index of Decayed, Missing and Filled Teeth (DMFT), through the observation of the oral cavity of the children.

Results Most mothers held health monitoring during pregnancy (84.1%), while only 72.8% had six or more appointments, considering that way with a monitored pregnancy The most frequent problems during pregnancy were oral pathology in 18.5% of mothers, 15.9% of these showed decayed teeth, 2.4% gingivitis and 0.3% periodontitis.

The DMFT of the children varied between 0 and 17 (mean = 2.23; SD = 2.484). The children whose mothers had decayed teeth during pregnancy had a higher DMFT index when compared with those whose mothers had no oral problems (OM = 354.54 vs OM = 300.40), (U = 20965.5; Z = –2.828; p = 0.005).

Conclusion The results suggest that on the maternal health consultation and monitoring of pregnancy, health professionals should monitor the oral problems of the pregnant.

PP.65 STUDY OF FACTORS ASSOCIATED WITH LOW BIRTH WEIGHT

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Background Low birth weight is a significant risk factor for neonatal morbidity and mortality as well as a general indicator of the health status of a population. Objectives: To determine the influence of socio-demographic, obstetric and prenatal care variables in low birth weight.

Methods This is a cross-sectional, descriptive, correlational and prospective study. The sample is probabilistic intentional, consisting of 1846 mothers, of which 161 had newborns with low birth weight. A questionnaire was used to collect data between March 2010 and May 2012 in 26 Portuguese public health institutions.

Results In this study, low birth weight was associated to: absence of pathologies during pregnancy, absence of gestational age risk, absence of obstetric risk, maternal age considered of risk or not/absence of gestational age risk (p = 0.000), low education/monthly income level ≤ 1000 €, low education/unemployment, number of children of risk/absence of gestational age risk, no consumption of alcohol and tobacco/absence of pathologies during pregnancy, no consumption of alcohol and tobacco/absence of gestational age risk pathologies during pregnancy/absence of gestational age risk, presence of previous pathologies/absence of gestational age risk, twin pregnancy/absence of gestational age risk, and with an error of 10% to low education level, unplanned pregnancy, late onset of prenatal surveillance, and absence of previous pathologies.

Conclusion The determination of the factors that favour the development of low birth weight is of fundamental importance to the understanding, planning and development of actions within mother-child health.

PP.66 AN AUDIT OF REDUCED FETAL MOVEMENTS IN A DISTRICT GENERAL HOSPITAL IN LANARKSHIRE

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Background Fetal movements are perceived as a sign of a fetal well-being, with reduced fetal movements (RFM) associated with poor perinatal outcome. Antenatal investigation of RFM aims to exclude fetal death and identify pregnancies at risk of adverse outcomes. Wishaw General does not currently have a local RFM guideline.

Aims To audit the management of women presenting to Wishaw General Maternity Unit (WGMU) with RFM, compare with RCOG guidance and devise a local RFM guideline.

Method A retrospective case note review of 23 patients presenting to WGMU.

Results 13 primigravid and 10 parous women, with a mean gestation of 37 weeks (24–41), were included.

Based on KCND 11 were high risk and 12 low risk.

All women received CTG investigation, 100% were normal. There was no documentation of risk factors for IUFD or of fundal height measurement at presentation.

4% of women were booked for USS within 24 hours of presenting with RFM. Induction of labour for RFM occurred in 4% of patients presenting at term.