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.

REFERENCES

OUTCOMES OF EXPECTANTLY MANAGED PRETERM PREMATURE RUPTURE OF MEMBRANES BEFORE 28 WEEKS OF GESTATION
doi:10.1136/archdischild-2013-303966.337

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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 neonatal 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 group had expectant management. We had one twin pregnancy. 3 women had history of antepartum haemorrhage in the current group had expectant management.

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.

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.
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 = 55) – 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 Maneuvers (n = 54) – 11.64%

Conclusion
1. The Risk Management team had a robust proforma with standardised 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 follow-up.
3. All staff must attend mandatory training involving shoulder dystocia drills.

PP64 IMPACT OF ORAL HEALTH OF THE MOTHER DURING PREGNANCY ON ORAL HEALTH OF CHILDREN
doi:10.1136/archdischild-2013-303966.341

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 655 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 (94.1%), 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 0.5% 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 = –2.823; 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.

PP65 STUDY OF FACTORS ASSOCIATED WITH LOW BIRTH WEIGHT
doi:10.1136/archdischild-2013-303966.342

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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.

PP66 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 wellbeing, 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.