

growth and fetal well being exams were normal. At 36 weeks, another episode of splenic sequestration occurred. The spleen was enlarged, palpable 8 cm below the costal margin and the Hb level was 6.0, Ht19%, and platelet count 112,000/mm<sup>3</sup>. Two units of packed red cells were transfused. The post transfusion exams were: Hb = 8.2 g/dL, Ht = 25%. The C-section was performed at 37 weeks. The newborn weighted 3,030 grams, Apgar's score 9/10/10. The patient received more two units of packed red cells after surgery. Both mother and baby were discharged at postpartum alive and well.

**Discussion:** Immediate transfusion of red cells is the only effective treatment of acute splenic sequestration and should be performed carefully during pregnancy to avoid adverse maternal and fetal outcome.

#### 0403

##### Outcome of fetuses depending of nuchal translucency values and subsequent tricuspid flow evaluation

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**Objectives:** We evaluated the outcome of unselected 1022 fetuses with NT measured at 11–13+6 scan, also estimating the role of tricuspid regurgitation in fetuses with increased NT.

**Methods:** We studied the genetic and clinic implications for NT measurements: <95th, 95–99th centiles, 3.5–4.4 and 4.5 mm, estimating the chances of chromosomal defects, fetal death, major abnormalities and delivery of a healthy baby. We further studied 34 of the fetuses showing values of NT above 95th centile by spectral Doppler evaluation of the tricuspid valve.

**Results:** The prevalence increases exponentially for both chromosomal defects and fetal death from 0.20%, respectively 1.64% (NT values <95th centile) to 50%, respectively 16.66% (NT thickness >4.5 mm); the prevalence of major fetal abnormalities increased from 2.16% in those with NT below 95th centile, to 7.32% for NT between the 95th and 99th centile and exponentially thereafter to 33.33% in NT thickness >4.5 mm. Tricuspid regurgitation was present in 32.35% of NT>95th centile, of whom 36.36% proved to have karyotype anomalies. In contrast, 9.09% of those without tricuspid regurgitation was found to have karyotype anomalies. Structural heart defects were detected in 5 of the 11 (45.45%) with tricuspid regurgitation and in 54.54% of those without.

**Conclusions:** Our findings of prevalence indices confirm previous studies conducted in EU and US. Therefore we consider these data useful in counseling the parents of pregnancies with increased fetal NT and in planning the appropriate follow-up. A careful search for tricuspid regurgitation is an important aspect of the evaluation of the early fetus, as this is frequently a marker for chromosomal defects even in the absence of structural heart disease.

#### 0404

##### Prenatal screening – towards safer pregnancies!

M. Islam

**Objectives and Background:** The purposes of this presentation are:

1. To evaluate of fetal health to exclude chromosomal defect during 1st & 2nd trimester of pregnancy.
2. To identify 'at risk' of pregnancy members of a population to evaluate Chromosomal and/or structural abnormalities fetuses. Otherwise the majority of abnormalities would go undetected.

**Materials and Methods:** Combination of these tests are used for prenatal screening, namely:

1. Ultrasound,
2. Biochemical tests and
3. Maternal age.

The screening will extend an insight identification of the disorder. The disorders screened during pregnancy are – Trisomy 21, 18 & 13;

Triploidy, NTD etc. Maternal age, Nuchal Translucency, CRL or BPD by Ultrasound, Triple tests, Quad tests etc. are used as parameter. These non-invasive tests are economical and cost-effective, also widely accepted among Gynecologist.

**Results:** Only mother age can detect about 50%. Along NT sonogram can detect only about 70%. NT combined with free  $\beta$ hCG & PAPP-A gives highest 90–95%. The 1st trimester screen's detection rate is approximately 90–95% with FPR is about 5%. The 2nd trimester detection rate is approximately 75–79% with FPR 7.5–8.5%. The 1st trimester test is more accurate than 2nd trimester screening methods.

**Conclusion:** The prenatal screening is simple & non-invasive. Advantage of screening is that referred cases for invasive testing are substantially reduced. Only screen positive tests can refer for confirmatory Invasive techniques. These tests provide an ample opportunity for the couple to decide & take judicious judgment. With the exclusive step by step help of prenatal screening – an Obstetrician can carry out a well plan for successful outcome of a pregnancy. Thus, prenatal screening can contribute at early stage of pregnancy to a safer outcome of pregnancy.

#### 0405

##### Intrapartum prediction system for third-degree perineal trauma

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**Objective:** The incidence of anal sphincter trauma has seen a dramatic rise in recent years, which is most likely due to improved clinical practice during post-delivery examination. The risk factors for sustaining such an injury have been investigated thoroughly. In this study, we assessed the feasibility of developing an antenatal prediction system for anal sphincter trauma based on the presence of one or more of these risk factors.

**Methods:** This is a retrospective study using data from all women delivering vaginally at Aarhus university hospital, Denmark, from 1989 to 2006 (n = 71,469). All our data was randomly divided into two equal cohorts. A univariate analysis was carried out on the first cohort, followed by a multivariate logistic regression analysis. The final logistic regression model was adapted through the backward stepwise selection function and then validated against the second cohort of data. Coefficients from the final model were then utilised to produce a software interface for the prediction of a women's risk.

**Results:** The final multiple logistic regression model used maternal age at delivery, parity, gestational age, macrosomia, fetal position, length of the pushing phase, instrumental delivery, and mediolateral episiotomy as the statistically significant predictor variables. This model showed good discrimination capability amongst the first cohort and validation dataset, with an area under the receiver operating curve of 0.79 and 0.78 respectively.

**Conclusion:** This study has seen the development of a pre-delivery prediction system for use by clinicians in the identification and subsequent counselling of women at high risk for this type of injury.

#### 0406

##### Accuracy of liver function tests in predicting maternal and fetal complications in women with pre-eclampsia: A systematic review

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**Objective:** To determine the accuracy with which liver function tests (LFT) predict maternal and fetal complications in women with pre-eclampsia.

**Study design:** Systematic quantitative review of test accuracy studies.

**Methods:** Two reviewers independently selected articles in which the accuracy of LFT was evaluated to predict maternal and