Poster Presentations

Fertility/Reproductive Medicine

P2.01
Relationship between anthropometric index (waist to hip ratio) and premenstrual syndrome
Taebi, M; Fadai, S
Islamic Azad University, Najafabad Branch

Objective: Some studies suggest environmental and nutritional factors could be exacerbate premenstrual syndrome (PMS). Evidence suggests that women with abdominal obesity demonstrate higher intensity of this syndrome. The purpose of this study aimed to assess the relation between WHR and PMS.

Methods: This research is descriptive and analytical one that carried out on 654 female students who had regular menstrual cycles without any depression or mental disorders, and were living in student dormitories. Data was gathered using Beck standardised questionnaire, PMS review questionnaire and standard meter tape. Data was analysed using SPSS software and descriptive statistical methods.

Results: Results indicated that the mean and standard deviation of female waist to hip ratio and waist circumference was 0.750 (0.063) and 71.46 (7.67) cm respectively. The findings showed that there was no significant association between WHR, WC indices and PMS (P > 0.05), but there was significant association between physical and sport activity and PMS (P < 0.05).

Conclusion: This study has no relationship between waist to hip ratio and waist circumference with PMS. But women with higher indices than normal had PMS with greater intensity.

P2.02
Magnesium serum level on feature of premenstrual syndrome measured by premenstrual symptoms scale in Medan
Siregar, MFG; Adenin, I; Abdillah, J
Division of Fertility and Reproductive Endocrinology, Department of Obstetrics and Gynaecology, Faculty of Medicine, University of Sumatera Utara, Medan, Indonesia

Objective: To know the correlation of magnesium serum level on feature of premenstrual syndrome (PMS) measured by premenstrual symptoms scale.

Design: A cross-sectional study with a case control study design.

Material and method: Data was collected at one time from subject group of reproductive age of women (18–22 years old) in Academy of Midwives at Imelda hospital.

Results: Mean of magnesium serum level of PMS group (25.27 ± 3.902) is higher than non-PMS group (20.29 ± 1.929). There is a significant different (P < 0.05) from t-test. Mean of menstrual cycle of PMS group (29.36 ± 1.25) is not significantly different (P > 0.05) than non-PMS group (28.76 ± 1.89).

Conclusion: Mean of magnesium serum level of PMS group is lower than non-PMS group. Mean of body mass index of PMS group is higher than non-PMS group. Family history of PMS correlates with PMS group that is significant.

P2.03
Does the level of educational attainment in young people impact on their knowledge about HIV/AIDS?
Hendry, F
Department of Psychological Medicine, Gartnavel Royal Hospital, Glasgow, United Kingdom

Introduction: Pownall (unpublished PhD) has found in a study comparing health knowledge between leaning disabled, physically disabled and non-disabled young people that the expected relationship between level of educational attainment and level of health knowledge did not hold with regard to HIV. There were many misconceptions regarding HIV/AIDS throughout all three groups which did not correlate to educational attainment. This study aims to extend Pownall et al.’s work to assess whether educational attainment does indeed impact on knowledge about HIV/AIDS by studying a group currently in university education. The data will be compared with those from the non-disabled group reported by Pownall et al. who all had I.Q.s in normal range; it is predicted that university participants will have higher I.Q.s. Questionnaires will be used to obtain results which will then be compared to knowledge scores of those with average intelligence as studied by Pownall et al. (maastricht). A further analysis of the university participants’ data will be conducted to reveal misconceptions about HIV/AIDS.

Methods: Pownall et al.’s procedures were used to maintain continuity when interviewing those with above average intelligence. Closed and open response interview formats were used to explore participants’ knowledge and ideas about HIV/AIDS. The structured questionnaire was analysed using a Mann Whitney Test to compare the two groups. Content analysis was used to explore university participant’s misconceptions about HIV/AIDS. The Wechsler Abbreviated Scale of Intelligence (WASI) was used to assess participants’ I.Q.s (WASI; Wechsler, 1999).

Results: There was a significant difference in intelligence and age between the two groups. For I.Q, Z = 3.30, p = 0.0001 and for age Z = 2.29, p = 0.011. University participants and college participants did not differ in knowledge scores Z = 0.320, P = 0.749 or level of endorsement of correct answers Z = 0.403,
P = 0.687. Misconceptions within the data demonstrated a lack of in depth knowledge.

**Conclusion:** Educational attainment does not impact on knowledge about HIV/AIDS despite there being a significant difference in intelligence between the two groups studied.

**P2.04**

**On-going pregnancy after pre-implantation genetic diagnosis (PGD) for paternal balanced translocation t(14;21) (q22;q22.3) using microarray comparative genomic hybridization (MaCGH)**

**Leong, WY; Lee, CSS; Low, SY**

Alpha International Fertility Centre, Petaling Jaya, Selangor, Malaysia

**Introduction:** A 41 year old patient, whose husband has a balanced chromosomal translocation t(14;21) (q22;q22.3), has prolonged infertility for 14 years. Following ICSI and preimplantation genetic diagnosis (PGD) with microarray comparative genomic hybridization (MaCGH), 2 embryos with normal/balanced chromosomes were transferred in the same cycle, resulting in an on-going pregnancy.

**Methods:** Eleven embryos were obtained following ICSI of which six had microarray copy number analysis PGD. Samples and reference DNAs were amplified and labelled according to manufacturer’s (BlueGnome) specifications. Labelled sample and reference DNAs were applied to microarrays (24Sure+) and co-hybridized overnight. Microarrays were washed, dried, scanned and analysed using BlueFuse Software Version 2.5 (BlueGnome), revealing normal or whole and partial chromosome losses and gains, including unbalanced inversions and translocations.

**Results:** Results were obtained for five of six the samples. Of the diagnosed samples, one was found to be affected with unbalanced translocation on chromosome 14 and 21. Two embryos with normal/balanced chromosomes 14 and 21 had other chromosomal abnormalities. Only two embryos were found to have the complete chromosome complement, though a balanced translocation cannot be excluded. These two embryos were transferred at day 4 stage; resulting in a singleton pregnancy. At the time of writing, the patient is in her 25th week of pregnancy.

**Conclusion:** Carriers of balanced rearrangements rarely show any phenotypic effect but are at risk of producing unbalanced gametes. Chromosomally unbalanced conceptuses may miscarry or result in an abnormal live born offspring. Clinical application of PGD microarray copy number analysis with fresh embryo transfer can detect unbalanced translocation in embryos. This allows the selection of embryo with normal/balanced chromosomes to be transferred, leading to a successful pregnancy.

**P2.05**

**Oocyte donation outcome at Alpha International Fertility Centre**

**Leong, WY; Lee, CSS; Low, SY**

Alpha International Fertility Centre, Petaling Jaya, Selangor, Malaysia

**Introduction:** To review the outcome of oocyte donation cases at Alpha International Fertility Centre for the year 2011.

**Methods:** This is a retrospective analysis of all oocyte donation treatment cycles in the Alpha International Fertility Centre from July 2011 until December 2011. Oocyte donors were assessed according to ASRM guidelines. Oocyte donation was performed for sub-fertile women with low ovarian reserve. The oocyte donors were anonymous. Oocyte recipients were down-regulated to synchronize with the donor and subsequently received both oral oestrogen and progesterone pessaries for endometrial development. The oocytes collected then underwent IVF or ICSI, and the embryos were transferred using standard embryo transfer protocols.

**Result:** Thirty-six oocyte retrievals were performed. Of these, all progressed to embryo transfer. The mean age of oocyte donors were 24.0 and for recipients was 40.8 respectively. Eighty-eight embryos were transferred, resulting in 42 gestational sacs. The mean number of embryos transferred was 2.4 and the implantation rate was 47.7%. There were 26 clinical pregnancies, giving a clinical pregnancy rate per embryo transfer of 72.2%. Of the 20 on-going pregnancies, seven are singleton (35%), 11 sets are twins (55%) and two sets are triplets (10%).

**Conclusion:** Oocyte donation offers an effective treatment option for sub-fertile women with low ovarian reserve.

**P2.06**

**Outcomes after diagnosis of pregnancy of unknown location at first presentation**

**Farahani, L; Tan, T-L; Iatropoulou, A**

Ealing Hospital NHS Trust, United Kingdom

**Objectives:** Pregnancy of unknown location (PUL) refers to a pregnancy with no ultrasonographic evidence of an intrauterine or extrauterine pregnancy, or evidence of retained products of conception (RPOC). PUL accounts for 8–31% of early pregnancy unit (EPU) referrals. The incidence is increasing as women are presenting at earlier gestations. The majority will be low risk and often resolve spontaneously. As ultrasound features used to assess RPOC are not sufficiently sensitive or specific, these cases are also classed as PUL in our unit. Only 9% will represent high risk early ectopic pregnancies. Our EPU uses an algorithm incorporating progesterone and β-hCG levels, and 48 h ratios to guide management of PULS. We sought to determine the distribution of the final outcome, and whether our approach promoted conservative management without compromising patient safety.

**Methods:** All patients seen in EPU in 2010 were identified on viewpoint electronic records. In 261 cases the location of the pregnancy was not determined at the initial scan. The scan findings, β-hCG and progesterone results were analysed and the final outcome of the pregnancy determined. If surgical management was undertaken, the outcome in theatre was determined. All histology results were obtained.

**Results:** 148 cases (57%) were diagnosed as resolved PUL. Thirty-six cases (13%), were diagnosed as miscarriage, because of histological confirmation of products of conception, or a dramatic fall in β-hCG. Twenty-two cases (8%) were subsequently diagnosed as a viable intrauterine pregnancy. Of these cases, the initial scans were mainly performed at early gestations of 4–5 weeks (72%), and/or when the β-hCG value was <1000 (86%). An ectopic
pregnancy was diagnosed in 10 cases (4%). Seven of these cases were managed surgically, and there were no negative laparoscopies.

**Conclusion:** Women diagnosed with PUL can be reassured that the final diagnosis of an ectopic pregnancy is rare (<5%). However, a great majority will go on to have a failing pregnancy (85%). Our results show that the serum progesterone value is a good prognostic indicator of viability. A value <20 nmol/L has a sensitivity of 88%, and specificity of 87% in predicting spontaneous pregnancy resolution. Our data predicts a subsequent viable pregnancy in 53% if the serum progesterone is >60 nmol/L. We found that appropriate use of the algorithm resulted in fewer presentations to hospital for blood tests and scans, without increasing the need for emergency intervention. Patients can be reassured that only 3% of cases required surgical intervention.

**P2.07**

**Acquired uterine arteriovenous malformations – a retrospective case series**

**Flanagan, V; Philippou, M; Zaman, Z**

Edinburgh Royal Infirmary, Edinburgh, United Kingdom

Uterine arteriovenous malformations (AVMs) are infrequent and their true incidence unknown. They can be congenital or acquired and there clinical presentation is variable. They can however present acutely and cause massive life-threatening vaginal bleeding in otherwise healthy young woman necessitating hysterectomy.

Acquired AVMs are most often seen in women of child-bearing age who have undergone uterine dilatation and curettage; spontaneous miscarriage; termination of pregnancy, caesarean section and/or had a multiple pregnancy. Both uterine trauma and pregnancy plays a key role in the development of AVMs as allows connections between arterial and venous myometrial vessels to establish. Our aim was to examine the clinical presentation, treatment and outcomes in a group of patients presenting to a busy tertiary referral unit over a four year period.

**Methods:** A retrospective study of all patients presenting with uterine AVMs from January 2007 to June 2011 was performed. Data was obtained from patient case notes and the hospital radiology information system.

**Results:** Five patients were identified. All had had a recent pregnancy culminating in either termination or surgical management of miscarriage between 1 and 5 months prior to presentation. Three patients required transfusion at presentation for significant haemorrhage. Diagnosis of AVM was ultimately made by either colour ultrasound scan, CT or MRI scanning. All subsequently underwent uterine embolisation in the hospital interventional radiology suite which resulted in a satisfactory angiographic result in all cases. One patient had reported persistent erratic vaginal bleeding thereafter but has not required further specific hospital intervention or treatment. No patient has reported secondary amenorrhoea and all were followed up with repeat colour ultrasound scan. Three women have spontaneously conceived since between 12 and 15 months following treatment. One opted for elective termination at 13 weeks, one had a miscarriage at 20 weeks of gestation and one is currently pregnant and in her 2nd trimester.

**Conclusions:** In women of child-bearing age presenting with profuse vaginal bleeding and a negative pregnancy test but with a recent and significant obstetric history a uterine AVM should be considered. Spontaneous conception following treatment is possible but long-term outcomes are unknown. Prompt diagnosis and selective embolisation would appear to be the only uterine sparing treatment and was effective in all cases during the selected time period.

**P2.08**

**Female sexual dysfunction among women with infertility – does husband play a role?**

**Yeoh, SH; Razali, R; Ruzyane, N; Sidi, H**

Department of Psychiatry, Universiti Kebangsaan Malaysia

**Objectives:** In Malaysia infertility affects one out of seven couples. The presence of Female Sexual Dysfunction (FSD) in infertile couples further complicates its clinical management. FSD has been linked to infertility in several ways. The objective is to study the associated factors that may contribute to FSD among infertile women. These risk factors could inform the preventive and curative measures in FSD.

**Methods:** A total of 150 married women with infertility participated in this cross-sectional study conducted at Hospital UKM fertility clinic. The sociodemographic and marital data, infertility condition, gynaecological and medical conditions, female sexual function index and male partner sexual function, endorsement of female sexual response cycle model and psychological profiles were measured.

**Results:** The mean age of women was 32.3 years old. The prevalence of FSD was 11.3%. The statistic significant associated factors for FSD were length of marriage (<0.001), perceived pressure from husbands to conceive (<0.001) and lower husband’s sexual function (<0.001). The significant associated factors (length of marriage, perceived pressure from husbands to conceive and lower husband’s sexual function) indicated clearly the importance of involving husbands in the management of FSD among women with infertility.

**P2.09**

**Comparison of letrozole and clomiphene citrate**

**Ahmad, S**

Riaz Medical Center, Sharjah, United Arab Emirates

**Objective:** To compare the effectiveness of letrozole and clomiphene citrate in patients with anovulatory infertility.

**Methods:** Non-randomised prospective study. Outpatient clinic of infertility center in UAE. Forty-Four consecutive patients with anovulatory infertility were recruited, the patients were not randomized and the choice of receiving letrozole or clomiphene citrate was exclusively left to the patient. Twenty-one patients (49 cycles) were given Letrozole and 23 patients (53 cycles) were given Clomiphene citrate. Both drugs were given orally on days 3–7 of menstrual cycle. Human chorionic gonadotropin (hCG) was
administered at a dose of 10 000 IU when at least 1 mature follicle with a mean diameter of > 18 mm was observed using transvaginal ultrasound. A single intrauterine insemination was performed 36 h later. Main outcome measure(s) Number of follicles, occurrence of ovulation, endometrial thickness and pregnancy rates.

**Results:** Ovulation occurred in 70% (34/49) of letrozole cycles and in 74% (39/53) of CC cycles. The mean endometrial thickness on the day of human chorionic Gonadotropin administration was 9 mm in Letrozole group and 7 mm in the CC group. Pregnancy rate per cycle was 20% (10/49) in the letrozole group and 22% (11/53) in the CC group.

**Conclusions:** Letrozole and CC have comparable effectiveness in anovulatory infertility patients. The ovulation rate for letrozole in comparison with clomiphene did not differ significantly nor did the pregnancy rate per patient. The percentage of monofollicular cycles obtained in patients treated with letrozole is higher than in those treated with clomiphene citrate as a result of which a lower rate of multiple pregnancies may be expected. Letrozole does not adversely affect either the endometrium or the cervical mucus, due to an absence of any anti estrogenic peripheral action. Letrozole is also cleared from the circulation more rapidly due to a shorter half life (48 h) as compared to clomiphene citrate which may take up to 2 months due to its prolonged half life.

**P2.10**

**A randomised clinical trial comparing the sublingual and buccal routes of administration of misoprostol after mifepristone for medical termination of pregnancy of up to 63 days of gestation**

Chai, J1; Wong, CYG2; Ho, PC3

1 Department of Obstetrics and Gynaecology, University of Hong Kong, Hong Kong Special Administration Region, China; 2 Family Planning Association of Hong Kong, Hong Kong Special Administration Region, China; 3 Department of Obstetrics and Gynaecology, University of Hong Kong, Hong Kong Special Administration Region, China

**Objective:** Buccal misoprostol 800 mcg and sublingual 800 mcg show high efficacy when used with 200 mg mifepristone for early pregnancy termination but with different profiles of side effects. This is the first double-blind randomized trial comparing these two routes for termination of early pregnancies up to 63 days gestation.

**Methods:** Eligible women (n = 90) who requested legal termination of pregnancy up to 63 days gestation were randomized to two groups and given 200 mg of oral mifepristone followed 48 h later by either 800 mcg of sublingual (n = 45) or buccal (n = 45) misoprostol.

**Results:** Similar proportion of women experienced fever in sublingual and buccal groups (37.8% vs. 22.2%, P = 0.107). The incidence of chills was significantly higher in the sublingual group (55.6% vs. 91.1%, P = 0.0001). Complete termination of pregnancy occurred in 95.4% (95% CI: 84.9–99.5) of women in the buccal group and 97.8% (95% CI: 88.2–99.9) in the sublingual group.

**Conclusions:** When combined with mifepristone for termination of pregnancy up to 63 days, sublingual administration of misoprostol is associated with more chills but not other side effects when compared with buccal administration.

**P2.11**

**HyCoSy as primary screening test for infertile women**

Mohan, A

Sultan Qaboos Hospital, Salalah, Oman

**Objective:** To evaluate different methods of tubal patency tests (HSG, HyCoSy and Laparoscopy – Dye test), to ascertain the suitability of HyCoSy as a primary method of screening test for tubal patency in sub-fertile women.

**Methods:** Retrospective study comparing various modalities of tubal patency tests in sub-fertile women in our hospital from 1 January 2008 till 1 January 2012. HyCoSy was done using saline-air with transvaginal scan and doppler ultrasound. Evaluation is done regarding cost, safety, trained personal, learning curve, complications, benefits or risks and patient’s experience and acceptance.

**Results:** A total of 456 women had tubal patency checked using one or two modalities, 26.8% had Dye-Laparoscopy, 35.2% HSG and 38% had HyCoSy. On pain scoring most of the women in HyCoSy compared to HSG experienced mild pain (gr.1); (70.8% vs. 56%), while in HSG pain score was mostly grade 2. Patient’s satisfaction was highest in HyCoSy group in terms of privacy, pain and post procedure experience (78% – HyCoSy, 35% – HSG and 22% – Laparoscopy). Concordance of the results of HSG and HYCOSY with laparoscopy was almost the same; 88.7% and 89.7% respectively. Women were generally apprehensive about surgical procedure and anaesthesia in laparoscopy. Most of the gynecologists were trained in doing HSG (87.8%). In laparoscopy 25% were well trained and all were senior gynecologists. Only 12.5% gynecologists could do HyCoSy but learning curve was short and all grades of doctors could learn. Laparoscopy needed maximum number of personal while HSG and HyCoSy could be performed with 3/2 staff only and without anaesthesia. Cost wise laparoscopy was most expensive, utilized maximum resources and had more complications than other two procedures. HyCoSy was most economical (Saline-air). In HyCoSy adnexal pathologies could also be picked up well.

**Conclusion:** The established tests for demonstrating the patency of the fallopian tubes are effective but they have certain disadvantages. HyCoSy has been favorably compared in literature with HSG and it can demonstrate uterine cavity and ovaries as well. Transvaginal HyCoSy using a combination of air and saline with doppler ultrasound appears to be an inexpensive, fast, and well-tolerated method of determining tubal patency. It provides a low-risk, outpatient procedure with comparable accuracy to HSG without ionizing radiation. HyCoSy is a dynamic study and can give valuable information regarding tubal function. And in recent years HyCoSy has increasingly been used in preference to other methods and has come up as first line of investigating tool.
P2.12

**Outcomes after IVF-frozen embryo versus fresh transfer**

**Sibtain, S; Janga, D; Shah, A; Gudi, A**

Homerton University Hospital, United Kingdom

**Objective:** To evaluate success rates of implantation in women undergoing IVF (in vitro fertilisation) with frozen embryo in a busy fertility centre, with multi-ethnic population.

**Methods:** This is a retrospective audit for a period of 6 months (January to June 2010) in a busy inner city fertility unit. The demographic details of the women, adherence to protocol, number of embryos thawed per patient, source of funding, and pregnancy outcome data were collected and analysed.

**Results:** Sixty one women underwent IVF with frozen embryos in the unit during the study period, of which 69% were funded by the NHS, and the rest were self-funded. The number of embryos thawed per patient ranged from one to nine. Fifteen percent had one embryo transferred, 82% had two and 3% of women had three embryos transferred. The embryo transfer was at the pronuclear stage in 14, D2 in 9, D3 in 13 and blastocyst in 25 three embryos transferred. The embryo transfer was at the pronuclear stage in 14, D2 in 9, D3 in 13 and blastocyst in 25 women. The pregnancy rate was 33% (n = 20), but 35% (n = 7) of all the pregnancies were non-viable. The age of the woman did not influence the successful viable pregnancy rates (25–30 years – 38%, 30–35 years – 31% and >35 years – 31% of viable pregnancies). The viable pregnancy rates were much higher with the blastocyst transfer (23% each for D2 and D3, and 54% with the blastocyst). The rate of multiple pregnancies was 15% in our group. The multiple pregnancy rates were not influenced by the stage of ET (33% with D2 transfer and 28% with blastocyst). The rate of multiple pregnancies was 15% in our group. The multiple pregnancy rates were not influenced by the stage of ET (33% with D2 transfer and 28% with blastocyst).

**Conclusions:** Numerous studies have been performed that prove embryo freezing is safe and effective. The embryos are viable for long periods of time and have produced many successful pregnancies. The results of the Copenhagen study showed that the children who came from frozen embryos had a higher birthweight, longer pregnancies, and less preterm births. There is evidence that frozen-thawed transfer cycles are comparable to fresh transfers, without an increased risk of multiple pregnancies.

P2.13

**Effects of fenugreek seed on the severity and systemic manifestations of dysmenorrhea**

**Akbari, SAA; Younesy, S2; Nouraei, S3; Esmaeili, S4; Majd, HA5**

1 Department of Midwifery, Faculty of Nursing and Midwifery, Shahid Beheshti University of Medical Sciences, Tehran, Iran; 2 Department of Midwifery, Shahid Beheshti University of Medical Sciences, Tehran, Iran; 3 International Branch, Shahid Beheshti University of Medical Sciences; 4 Department of Traditional Pharmacy, School of Traditional Medicine and Traditional Medicine and Materia Medica Research Center, Shahid Beheshti University of Medical Sciences, Tehran, Iran; 5 Department of Biostatistics, Faculty of Paramedicine, Shahid Beheshti University of Medical Sciences, Tehran, Iran

**Objective:** Due to high prevalence primary dysmenorrhea and unfavorable result on life quality and some evidence about characteristic of fenugreek as a medical plant with anti-inflammatory and analgesic, the present double-blind clinical trial was conducted to evaluate the effects of fenugreek seed’s capsule on the severity of primary dysmenorrhea among students.

**Methods:** In a double-blind, randomised, placebo controlled trial, 101 students were randomly assigned to receive fenugreek (n = 51) or placebo (n = 50). Fenugreek seed’s capsule content of 900 mg seed powder prescribed three times daily for 3 days beginning at the onset of menstruation, for two consecutive menstrual cycles. At baseline and during the intervention cycles, the pain severity was evaluated with a visual analog scale and the systemic manifestations were assessed using a multidimensional verbal scale.

**Results:** The pain severity at baseline did not differ significantly between the groups. After the intervention, the pain severity was significantly reduced in both groups, but the extent of the reduction was larger in the fenugreek group, with the difference between the two groups being statistically significant (P < 0.001). Duration of pain (time), there was no statistically meaningful differences between two cycle in placebo group(P < 0.07), but in fenugreek seed’s group, statistically duration of pain decreased between two cycle(P < 0.001). Systematic signs together with dysmenorrhea (fatigue, headache, nausea, vomiting, Lack of energy, syncope, the change of neurotic’s mood) decreased in fenugreek seed’s group (P < 0.05) and just severity of lack of energy in placebo group had a meaningful decreased (P = 0.01). In duration of research, no side effect was reported.

**Conclusions:** Regarding to results of present consideration seems that fenugreek can decrease severity of dysmenorrhea.

P2.14

**Laparoscopic ovarian drilling for polycystic ovary syndrome (PCOS) – are we wasting women’s time?**

**Ezenwa, C; Okolo, S**

Department of Obstetrics and Gynaecology, North Middlesex University Hospital, London, United Kingdom

**Objective:** To evaluate the outcome of laparoscopic ovarian drilling (LOD) in multi-ethnic women with PCOS and anovulatory infertility and determine the factors that influence such outcome.

**Methods:** Consenting anovulatory infertile women with PCOS, as determined by the Rotterdam criteria1, seen at the Reproductive Medicine Unit of an inner city hospital in London, and who failed to respond to clomifene treatment underwent laparoscopic ovarian (LOD) drilling with monopolar diathermy. Those with other significant cause of infertility such as tubal factor or severe endometriosis were excluded from this study. LOD was performed under general anaesthesia and the women were offered gonadotrophin treatment at 6 months post-operatively if they had not conceived. The achievement of ovulation, regular menstruation and/or pregnancy was ascertained at follow-up visits or via telephone enquiry. There were 54 women with mean age of 30.7 years (SEM 0.73; range 20.2–46.3) and mean body mass index of 30.9 (SEM 1.06; range 18–51), of which 44 (74.6%) had primary infertility.

**Results:** Overall 22 women (40.7%) conceived a total of 38 pregnancies during a follow-up period of 8 years. Of these 38
Pregnancies, 27 (71%) were live births and nine (24%) were miscarriages. There was one stillbirth and one ectopic pregnancy. Twelve women (22%) conceived a total of 19 pregnancies (50% of all pregnancies) within the first year. Of the 22 women that conceived, 20 had prior treatment with clomifene and two had clomifene followed by gonadotrophin treatment. Overall, 13 women conceived spontaneously, seven after further ovulation induction with gonadotrophin, and two after stimulated intrauterine insemination. When women who conceived were compared with those who did not, age (mean 29.8 vs. 32.14) and BMI (mean: 29.6 vs. 31.96) were found to be important predictors of success but ethnicity, type and duration of infertility were not.

**Conclusion:** Women that will conceive after LOD have a 50% chance of doing so within the first year. The procedure should therefore be offered early to ‘clomifene-resistant’ anovulatory women with PCOS, and those who remain infertile after 12 months should consider assisted conception techniques.

**Reference:**

**P2.15**
**Optimal dose for misoprostol for medical termination of pregnancy in women with multiple caesarean sections**

Gyampoh, B; Samyraju, M

Luton And Dunstable NHS Trust, United Kingdom

**Introduction:** Termination of pregnancy (TOP) is one of the common procedures in gynaecological practice. Clinicians should consider caesarean delivery a risk factor for future pregnancy complications, even when termination is chosen. There is no clear evidence to determine the right dosage and the intervals for usage of misoprostol especially in women with multiple uterine surgeries.

**Objective:** Our main objective is to determine the optimal dose and the safety and efficacy of misoprostol for TOP in women with more than one previous caesarean section.

**Study design:** Our study was a retrospective study. We collected data for 274 women who had TOP in one year period from March 2011 to Feb 2012. The specific data recorded included maternal age, parity and period of gestation. Complications such as blood loss, hypovolemic shock, and uterine scar rupture were recorded.

**Results:** 10% of women had previous caesarean section out of which 4% had three caesarean sections. 96% of women needed more than single dose of 800 mcg of misoprostol. Complete termination of pregnancy rate was 98%. There was no reported scar rupture or infective morbidity.

**Conclusions:** In conclusion although misoprostol has got low rate of adverse effects no major rupture was documented in spite of multiple doses. However, dose and interval of misoprostol should be determined. Large studies have demonstrated the safety of misoprostol in termination of pregnancy but the safety of misoprostol in the scarred uterus cannot be assumed from this studies. A larger study is needed before drawing definitive conclusions about the safety of these regimens.

**P2.16**
**Ovarian cyst/masses in childhood/adolescence**

Ranjan, G; Macdougall, J

Addenbrooke’s Hospital, Cambridge, United Kingdom

**Objective:** To highlight the lack of a standard management protocol in a very important group of patients in childhood and adolescence. The majority of the ovarian masses are benign in nature but complacency in dealing with them is fraught with danger. To raise the issue of uncertainty as to who should actually manage the case besides the scale of surgical versus conservative management. Also to point to a follow up policy which lacks consistency.

**Methods:** A 6 year retrospective audit from 1 January 2005 to 30 November 2010 conducted at Addenbrooke’s University Hospital Cambridge. There was no published standard or guideline. A local best practice standard was agreed. The minimum standard involved imaging of all patients, cyst size documentation in all patients, tumour marker investigation in all patients above 5 cms cyst size, laparoscopic approach in at least 80% of benign tumours, oophorectomy for all malignant cysts. No oophorectomy in benign cyst and incidental benign cyst having no surgery (n = 45).

**Results:** The age group related incidences were 24% <12 years, 29% between 12 and 15 years, 47% between 15 and 18 years. Pain abdomen most common presentation in 47%, palpable mass 20%, pain and mass 16%, menstrual disorder 7% and miscellaneous symptoms 10%. All patients had imaging ultrasound being the commonest modality in 51%. Cyst size was documented in all the patients. Tumour markers were requested in only 68% cases with raised levels discovered in more than half. Eighty-two percent cases had surgical management, in the form of laparotomy or laparoscopy. Two patients needed conversion to laparotomy. Fifty-seven percent patients had oophorectomy although only half the numbers in this subgroup had malignant pathology.

**Conclusion:** Although a small sample size of 45, some important facts were identified. Oophorectomy was still performed in larger numbers than necessary. There is a need to manage the ovarian tissue more conservatively. Laparotomy still was 50% of the surgical method. A multidisciplinary approach would be the ideal solution which can combine the resources/skills of Gynaecology and Paediatric Surgery. It obviously entails more laparoscopic training for optimal outcome. There has to be better use of tumour markers. A concerted effort at national level should be made to develop a standard management protocol of this significant group of patients in dealing with ovarian pathology. Although small in numbers there is lack of uniform approach to the problem entailing significant inherent risk based on geographical area.
Poster Presentations

P2.17
Impact of sexual abstinence duration on ICSI outcome
Loke, MK
Sunfert IVF, Sunway Medical Centre, Malaysia

Introduction: Sexual abstinence of 3–5 days prior to ICSI is essential in order to retrieve sufficient number of viable spermatozoa. Prolonged sexual abstinence has an adverse effect on semen quality which, can lead to impairment of sperm function and may cause miscarriages in ICSI treatment cycles.

Objective: This study is to evaluate and determine the most optimal duration of sexual abstinence prior to ICSI.

Methods: A total of 353 infertile couples underwent ICSI treatment at Sunfert IVF, were analysed retrospectively from 2009 until 2011. Sexual abstinence duration was divided into five groups; <3 days, 3 days, 4 days, 5 days and more than 5 days. Fertilization rates and clinical pregnancy rates were analysed in each group. Biochemical pregnancy rates and miscarriage rates were analysed in group A (5 days or less) and group B (more than 5 days).

Results: A total of 1018 embryos were transferred (mean of 2.9 ± 0.93) and resulted in 54.1% pregnancy rate with a clinical pregnancy rate of 47.9%. Group 1, 2, 3, 4 and 5 showed fertilization rates of 59.9%±19.8%, 77.3%±20.3%, 76.1%±20.76%, 76.2%±17.98% and 74.5% ± 21.23% respectively. Clinical pregnancy rates for all five groups showed 42.9%, 54.1%, 48.3%, 39.3% and 50.0% respectively. Both fertilization rates and clinical pregnancy rates did not show any significant difference in all five groups. Comparing group A and group B, biochemical pregnancy rates were 9.4% and 28.6% respectively and was found to be significantly different (P = 0.02). However, miscarriage rates for group A and B were 14.3% vs. 20.0% and showed not statistically significant (P = 0.646).

Conclusion: Overall, duration of sexual abstinence did not show any statistically significant impact on the outcome of ICSI. None of the parameters measured in this study appear to be significantly associated with outcome, however, a significant higher biochemical pregnancy rate was observed in patients with longer abstinence.

Discussion: In this study, it is possible that prolonged abstinence cause excessive production of reactive oxygen species in the male reproductive tract which can lead to high sperm DNA fragmentation. This study suggests that male partners should have a shorter period of sexual abstinence of 5 days or less as this may lead to a lower risk of early miscarriages in the ensuing pregnancy.

P2.18
Non-molar triploidy followed by triploid molar pregnancy in a patient with recurrent miscarriage
Bapir, M; Hoh, J; Al-Inizi, S
South Tyneside Foundation Trust, South Shields, United Kingdom

Background: Unexplained recurrent miscarriages can be quite stressful for couples. Sending product of conception for cytogenetic analysis is helpful to identify abnormal karyotype to improve possible need for genetic counselling. Triploidy is pregnancies with 69 chromosome karyotype. This chromosomal abnormality gives rise to early termination of pregnancy in most cases. Several possibilities concerning the origin of the additional set of chromosomes exist: dispermy (the most common), diandry and digyny.

Case: 35 years old, para 1 + 3, had 1 normal vaginal delivery followed by three early miscarriages. She underwent investigations for recurrent miscarriages. All the results were normal including thrombophilia screen and peripheral blood karyotypes for both partners and therefore were considered as unexplained recurrent miscarriages. Her last miscarriage was at 8 weeks gestation. The histological and cytogenetic analysis of the product of conception confirmed 69XXX, maternally derived non-molar triploidy. Four months later, she conceived naturally but was diagnosed with missed miscarriage and underwent surgical evacuation and histological and cytogenetic analysis confirmed 69XXY, paternally derived triploidy partial molar pregnancy. She was followed up appropriately with β-hCG in the trophoblastic tumour centre. The β-hCG level eventually dropped to normal without requiring further treatment.

Conclusion: It was previously reported that pregnancy with triploid karyotype has no increase recurrence risk of triploid or any other chromosomal abnormalities in subsequent pregnancies. Our case has showed that non-molar triploid pregnancy can be followed by another triploid pregnancy which can both lead to miscarriages. However after having one partial hydatidiform mole, there is a 10-fold increase in recurrence risk in subsequent pregnancy. Women with unexplained recurrent miscarriages can still have recurrent miscarriages with triploid karyotype, therefore cytogenetic assessment of product of conception is always advisable.

P2.19
The impact of waiting time on quality of life scores in girls with menstrual problems
Azurah, AGN1,2,3,4; Sanci, L3; Moore, E4; Grover, S2,3,4
1 Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia; 2 Royal Children’s Hospital, Melbourne, Australia; 3 University of Melbourne, Melbourne, Australia; 4 Murdoch Children Research Institute, Melbourne, Australia

Introduction: Access to healthcare services plays an important role in determining the quality of health care. In Canada, approximately 20% of patients reported adverse effect such as pain, worry and stress, as a result of waiting for health care. The Pediatric and Adolescent Gynaecology Unit in Royal Children Hospital, Melbourne is the only specific referral centre for gynaecological cases in the paediatric and adolescent population in Victoria. With only one weekly clinic run by three consultants and one or two fellows, long waiting times from booking an appointment to being seen are accepted as unavoidable. The aim of this study is to assess the impact of the waiting time on the quality of life of both the girls with menstrual problems and their parents.
Methods: This was a descriptive, cross-sectional study conducted in Royal Children’s Hospital, Melbourne between 1st October till 30th June 2010. The research tool used for the girls was PedsQLTM 4.0 generic module and for the parents was SF12v2. Simple linear regression was used to analyse the association between waiting time and quality of life scores.

Results: There were 375 new cases listed in the appointment book. Eighty-four (21.3%) failed to attend the clinic. Two-hundred and twenty-one girls were eligible however, 40 (18.1%) refused participation. 38.6% of the girls had dysmenorrhoea followed by heavy menstrual bleeding (33.6%), oligomenorrhoea (19.6%) and amenorrhoea (8.2%). The mean waiting time was 8.22 + 3.79 weeks. Although there was no significant difference in the length of waiting time among girls with different menstrual problems, longer waiting time was reported in girls with amenorrhoea (8.97 + 3.65 weeks) and oligomenorrhoea (8.70 + 4.05 weeks) compared to dysmenorrhoea (7.93 + 4.23 weeks) and heavy menstrual bleeding (7.78 + 3.37 weeks). There were inverse linear relationship with waiting time, both were not significant with mental and physical summary scores showed negative relationship score scale was significant with psychosocial health scores. However, only the psychosocial health between the waiting time and the girls' physical health and (7.78 + 3.37 weeks). There were inverse linear relationship (7.93 + 4.23 weeks) and heavy menstrual bleeding (8.70 + 4.05 weeks) compared to dysmenorrhoea (8.97 + 3.65 weeks) and oligomenorrhoea (8.70 + 4.05 weeks) as it results in less pain, less analgesic requirement and less suture materials.

Conclusion: Long waiting times for appointments has been shown to affect the QoL of girls with menstrual problems, mainly in the psychosocial aspect. More effective triage systems need to be implemented with priority given to those who are at greater risk of poor health outcomes. These findings highlight the need to train more clinicians specialising in this area of health thus increase the availability and accessibility of such health care services to adolescents.

P2.20 Continuous versus interrupted sutures for repair of episiotomy amongst primigravidae
Lee, F; Zainuddin, AA; Ghani, NAA; Md Razi, ZR
Department of Obstetrics and Gynaecology, Faculty of Medicine, Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia

Objectives: To compare the continuous suturing technique of perineal repair with the interrupted method after spontaneous vaginal birth amongst primigravidae.

Methods: This was a prospective randomised comparative trial. From May to June 2011, 120 primiparous women with episiotomies following spontaneous vaginal deliveries were recruited and randomized to either the continuous suturing technique (CT) group (n = 60) which involves reapproximating vaginal trauma, perineal muscles, and skin with a continuous, nonlocking suture or to the traditional technique which was the interrupted technique (IT) group (n = 60). The interrupted technique involved, after a ‘locking’ stitch approximating the vaginal tissues, placing several layers of simple interrupted sutures at the level of deep and superficial muscles followed by interrupted transcutaneous sutures at the perineal skin. Short-term outcome measures included the use of a pain score (score between 0 and 10, where 0 = no pain and 10 = max pain) immediately after suturing, at Day 1 and Day 10 post-delivery, number of analgesic capsules consumed in the first 10 days post-delivery, number of sutures used per technique and number of wound breakdowns. Long-term outcome measures included the timing of first sexual intercourse and incidence of superficial dyspareunia post-delivery using part of the Female Sexual Function Index score.

Results: Demographically, both the CT and IT groups were not significantly different. The pain score was significantly lower for the CT group at Day 1 post-delivery compared to the IT group (1.57 ± 0.67 vs. 1.98 ± 1.10, P = 0.014) with no significant differences at Day 0 and Day 10. There were significantly less analgesic capsules consumed by the CT group compared to the IT group during the first 10 days post-delivery (8.43 ± 3.28 vs. 11.20 ± 3.76, P = 0.001). There was significantly less suture materials used in the CT group compared to the IT group (1.05 ± 0.22 vs. 1.85 ± 0.36, p < 0.001). There were two cases of wound breakdown in the CT group compared to the IT group, however this was not statistically significant. There were no significant differences between the two groups in terms of timing of first sexual intercourse and superficial dyspareunia experienced post-delivery.

Conclusion: The use of a continuous technique for perineal repair is more cost-beneficial compared to techniques using interrupted sutures as it results in less pain, less analgesic requirement and less suture materials.

P2.21 Role of ultrasound imaging and management options for caesarean scar pregnancy
Shah, F; Vaithilingham, N
Queen Alexandra Hospital, Portsmouth, United Kingdom

Implantation of pregnancy in the caesarean scar is a rare condition which poses challenges in optimal management. Even though different modalities are available for the treatment, early diagnosis improves the outcome and future fertility.

Objective: To evaluate the diagnosis, management and outcome of caesarean scar pregnancies.

Methods: Retrospective analysis of caesarean scar pregnancy and its outcome during the period of three years. During this period there were four caesarean scar pregnancies diagnosed and managed. One patient had recurrence. The average gestational age at diagnosis was 7 weeks. One case was diagnosed at 10 weeks as initial diagnosis was missed. All were treated with methotrexate and followed up with imaging and β-hCG. Two case required KCL injection as fetus had cardiac pulsation. One case was subjected to cervical cerclage. Hospital stay ranged from 0 to 4 days. β-hCG reached <5 IU within 30 days. One patients had blood transfusion during the course. One patient had subsequent healthy pregnancy and had caesarean section without any complication.

Conclusion: Early diagnosis and treatment will improve outcome for patient and improve future fertility. Early pregnancy ultrasound scan training should emphasise at this rare but
complex condition due to growing incidence of scar pregnancy. It is also important to increase awareness among the professionals as this may improve overall outcome of this life threatening condition.

P2.22
Suboptimal rise in serum beta-hCG in early pregnancy – a diagnostic dilemma
Liew, MK; Saxena, S
Wansbeck General Hospital, Ashington, United Kingdom

The diagnosis of ectopic pregnancy can be difficult due to its variable presentation. Although this can be guided by serial serum hCG and pelvic ultrasound scan, the gold standard for diagnosis would be through confirmatory surgery. With this case, however, we present a lady with intrauterine pregnancy mimicking ectopic pregnancy due to confounding factors.

Case report: A 30 year old lady who had surgical management of miscarriage 6 weeks prior with histology confirming normal products of conception, attended the early pregnancy clinic with history of dizziness and positive urine pregnancy test. She has not menstruated since and has not started contraception. She was otherwise asymptomatic and haemodynamically stable. Forty-eight hours hCG rise was suboptimal from 1521 to 2290 (50.5%). Transvaginal ultrasound scan showed no evidence of intrauterine pregnancy but showed a 3 cm left ovarian thick-walled cyst and some free fluid in the pouch of Douglas. She was tender in the left adnexa with mild cervical excitation on examination and a diagnosis of suspected ectopic pregnancy was made. She had an unwitnessed collapse during admission and therefore, diagnostic laparotomy was performed. Laparotomy showed a 4 cm broad ligament cyst which was excised but no evidence of ectopic pregnancy. Histology came back as benign mesothelial cyst. Repeat ultrasound scan 10 days later showed live pregnancy. Repeat hCG 48 h later still showed suboptimal rise to 2870 (25.3%). Laparotomy was performed. Laparotomy showed a 4 cm broad ligament cyst which was excised but no evidence of ectopic pregnancy. Histology came back as benign mesothelial cyst. Repeat hCG 48 h later still showed suboptimal rise to 2870 (25.3%). Repeat ultrasound scan 10 days later showed live intrauterine pregnancy of 5 weeks gestation which was confirmed at dating scan.

Discussion/conclusion: In 99% of viable intrauterine pregnancies, we expect 48 h hCG rise of at least 53%. In a collapsed lady with suboptimal hCG rise and a pelvic scan suggesting ectopic pregnancy, there should be low threshold to proceed with surgical diagnosis and management in view of possible fatal outcome. This case highlights that the threshold hCG level of 53% to confirm viable intra-uterine pregnancy should be used with caution when managing patients presenting to the early pregnancy clinic as the push to manage these patients with early intervention may potentially result in the termination of viable pregnancies. The use of serum progesterone levels which is not practised in our unit may be useful in these situations.

References:

P2.23
Construct validity and reliability: questionnaire on urinary incontinence diagnosis (QUID) in Malaysian women
Dhillon, HK1; Md Zain, A2; Nordin, RB2
1 Jeffrey Cheah School of Medicine and Health Sciences, Monash University Sunway Campus, Bandar Sunway, Malaysia; 2 Jeffrey Cheah School of Medicine and Health Sciences, Clinical School Johor Bharu, Monash University Sunway Campus, Johor Bahru, Malaysia

Introduction: Despite several surveys the exact prevalence of urinary incontinence (UI) in Malaysian women remains poorly established. This might be because of the use of various non-standardised, international questionnaires.

Objective: To assess the potential use of questionnaire for urinary incontinence diagnosis, consisting of six items in English language, in Malaysian women. The objective of the present pilot study was to assess the construct validity and reliability of the English version of the questionnaire for urinary incontinence diagnosis in Malaysian women.

Methods: The English version of questionnaire for urinary incontinence diagnosis was administered to 100 healthy Malaysian women, aged 18 years and above, and living in Selangor, Malaysia. The inclusion criteria included healthy women with or without children, postmenopausal women and women with controlled non-communicable diseases. Pregnant women, women who had delivered within the last two years, or had an abortion within the year, women who had undergone recent operation on their reproductive tract or had undergone cancer treatment recently were excluded from this study. The construct validity and reliability was tested using factor analysis for the six items of the questionnaire using the extraction method for the principal component analysis. The Eigen value, scree plot and Cronbach alpha were also determined.

Results: Eigen value for meaningful common factor was 1. The factor loading was between 0.650 and 0.769. The Cronbach alpha coefficient for QUID was 0.75 while the Intra-class Correlation Coefficient was 0.333.

Conclusion: The English version questionnaire for urinary incontinence diagnosis had a single factor construct with a high reliability. The results confirm that the questionnaire is a valid and reliable instrument for diagnosis of urinary incontinence in Malaysian women living in Selangor Malaysia.

P2.24
Management of sub-fertility in secondary care: an audit
El-Talatini, M1; Taylor, AH2
1 Clinical Division of Obstetrics and Gynaecology, Leicester Royal Infirmary, Leicester, United Kingdom; 2 Reproductive Sciences Section, Department of CSMM, University of Leicester, Leicester, United Kingdom

Background: Despite National Institution for Health and Clinical Excellence (NICE) guidelines on the management of sub-fertility, patients referred to secondary care have very different management pathways; investigations performed, duration and
number of follow-up visits to reach a diagnosis and treatments offered. A more consistent management pathway would lead to a better patient experience and perhaps reduced costs.

Objective: To examine the management of women with respect to NICE guidelines and to make recommendations that streamline patient care, with the goal of producing a more consistent and cost-effective and management protocol.

Methods: This is a retrospective audit of 100 new referrals to the infertility clinic at a University Teaching Hospital between April 2010 and April 2011. The data were collected from case notes, computerized databases in the hospital I-lab, the assisted-conception unit and delivery room. The NICE standards: chlamydia screening prior instrumentation of uterus (100%), tubal patency tests; HSG or laparoscopy (100%), patient BMI <30 prior to fertility treatment. Patient and partner demographics, infertility investigations, diagnosis, duration and number of visits between first appointment and diagnosis, management and outcome, were collected.

Results: Ninety-three percent of women had chlamydia screening, 83% had tubal patency tests and all had BMI <30 prior to fertility treatment. The time from first appointment to diagnosis ranged from 0 to 6 months (mean±SD; 1.75 ± 0.36 (7 weeks)). Diagnoses were: male (31%), unexplained (24%), annovulation (20%), tubal (5%), endometriosis (4%), multiple factors (10%), and other causes (6%). Fertility treatment was recommended in 88 of cases; 50 received treatments: ovulation induction (OI) using clomid (11), IUI (12), IVF/ICSI (11), other treatments e.g. weight loss (16), or no treatment (12). The number of women (50) receiving treatment per management were; 11/11 OI, 12/27 IUI, 11/34 IVF/ICSI, 16/16 in other management streams. The outcomes of OI (11 women) were: five non-pregnant, one miscarriage, five live births and for IUI 3/12 live births. The actual number that received IVF/ICSI (11): seven non-pregnant, two miscarriages, two live births. Other management schemes, such as recommended weight reduction (16 women), resulted in four pregnancies, one ectopic and 11 non-pregnant. For the 12 women who had no treatment, four had a live birth and eight were non-pregnant. The total live births were 18/50 (36%) treated women.

Conclusions: We recommend that an improved protocol, better staff education, together with an introduction of an easier urine chlamydia test, followed by annual re-audits, would lead to 100% NICE standards.

P2.25
Case series of XY females in the first Malaysian PAG Clinic, UKMMC, Kuala Lumpur
NurZaireena, Z1; Amelia, AZ1; NurAzurah, AG1; Grover, SR2; Aziz, S3; Samsury, SR1; Mahdy, ZA1
1 Department of Obstetrics and Gynaecology, Faculty of Medicine, The National University of Malaysia (UKM), Kuala Lumpur, Malaysia; 2 Department of Paediatric and Adolescent Gynaecology, Royal Children’s Hospital, University of Melbourne, Australia; 3 Department of Radiology, Faculty of Medicine, The National University of Malaysia (UKM), Kuala Lumpur, Malaysia

There were seven cases of 46XY phenotypic females whose histories are summarised here. Two cases have Complete Androgen Insensitivity Syndromes (CAIS). The first, a 17 year old, presented at age 3 with palpable inguinal gonads, subsequently removed. Pelvic ultrasound post hormonal treatment confirmed an absent uterus. The second, a 25 year old, presented with primary amenorrhoea, who following investigation, underwent a gonadectomy. Conflicting reports regarding the presence of a uterus, require that further investigations be undertaken. There were three cases of complete gonadal dysgenesis (Swer’s syndrome). The first, a 22 year old, presented at age 18 years with primary amenorrhoea and poor pubertal development. Initially laparoscopy could not identify a definite uterus but after 2 years of oestrogen replacement therapy following her gonadectomy, a uterus was shown on ultrasound. The second case, a 15 year old, had a karyotype at age 3 for investigation of developmental delay. Discrepancy with her phenotype was noted and gonadectomy was subsequently performed. Hormonal treatment started at age 12 and menarche occurred at 16. However, discrepancies in the radiological and clinical findings, necessitate further investigations to rule out a concomitant vaginal septum. There are two sisters with the diagnoses of gonadal dysgenesis, one complete and the other partial. The older sister presented at age 18 years with primary amenorrhoea and poor pubertal development. The younger sister, 15 years old, was noted at birth to have ambiguous genitalia, and had a feminizing genioplasty. Both have had gonadectomies and are on hormonal replacement therapy. The final case, is a 27 years old, karyotype 46XY/46XX, with an initial diagnosis of mixed gonadal dysgenesis. She presented at age 9 with a left groin swelling which investigations revealed was a testes and thus removed. However, ongoing efforts are being made to locate the right gonad and to clarify the diagnosis.

Conclusions: Making exact diagnoses in phenotypic girls with XY Disorders of Sex Development (DSD) is challenging. Careful workup to reach the diagnosis so that accurate information, timely gonadectomy, and appropriate hormone treatment can be provided is important.

P2.26
A study on the effectiveness of educational intervention on knowledge regarding emergency contraception among the higher secondary students of public higher secondary school in Dharan, Nepal
Shrestha, DK; Rai, OK

Maternal Health Nursing Department; College of Nursing; B.P. Koirala Institute of Health Sciences, Dharan, Nepal

Emergency contraception could be a powerful means to prevent unwanted pregnancies and their devastating consequences for women’s health, social well being and life project and for the unwanted child, if all people had ample access to good quality information, education and services for sexual and reproductive health. Unintended pregnancy poses a major challenge to the reproductive health of young adults in developing countries. Some young women with unintended pregnancies obtain abortions many of which are performed in unsafe conditions and others carry their pregnancies to term, incurring risks of morbidity and
mortality higher than those for adult women. The objective of the study was to assess the effectiveness of an educational intervention on emergency contraception among the higher secondary students. A pre-experimental design was adopted for the study. Stratified random sampling technique was used for the selection of the sample. Sample size was 60. The study findings showed that 56.7% participants were female and majority (98.3%) of the participants belonged to the age group of 15–20 years, the study reveals that in the pre-test only 51.7% were aware of emergency contraception which was markedly increased to 93.3% in the post-test. The overall mean score of the student’s knowledge on emergency contraception was 44.46 in the pre-test and 78.75 in the post-test. The difference in the knowledge between the pre-test and post-test was calculated by Z-test and was found to be significant (P < 0.01). Hence, it can be concluded that the findings of the study revealed that an educational intervention has played an important role in improving the knowledge of the students. Therefore it is recommended that an educational programme should be conducted in order to enhance the knowledge of the higher secondary students regarding emergency contraception which help to prevent from unwanted pregnancy and unsafe termination of pregnancy and they can share their knowledge to others in the society.

P2.27
Effect of obesity on fertility related problems among female partners

Nordianna, S; Kannappan, P; Ravindran, J
Reproductive Medicine Unit, Obstetrics and Gynaecology Department of Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

Introduction: This is a retrospective study analysing female partners who were above the normal Body Mass index (BMI) and its effect on fertility related issues. The objective of the study was to highlight the predominance of female associated fertility problems among this category of patients.
Method: First 100 female patients who were seen at the infertility clinic in year 2010 and were above the BMI of 24.9 were chosen. Their medical records and investigations were reviewed and the necessary data obtained.
Analysis: The ethnic distribution of the study group was 52% Malays, 11% Chinese and 36% Indians. Majority (93%) were below 39 years of age. The main cause of infertility was anovulation in 46% of couples and it also contributed to another 35% where the causes were multi factorial. Male factor was the sole cause in only 7% of cases. Among these female patients 49% had polycystic ovarian syndrome features. The BMI distribution was 46% overweight, 30% obese class I, 14% obese class II, 3% obese class III and 4% morbidly obese. Only 55% had regular cycles and 19% ovulated. The irregularity of the cycles and anovulation became more prominent with increase in weight. In the overweight group 69% had regular cycle and 25% ovulated while in the obese class II group 28.5% had regular cycle and 7% ovulated.
Conclusion: Obesity among infertile female partners is a major concern. It has a negative effect on ovulation and therefore weight reduction is essential in improving fertility outcome.

P2.28
Superiority of saline infusion sono-hysterography over hysterosalpingogram in detecting intrauterine polyps

Izhar, R¹; Armar, NA²
¹ FRCOG Karachi Medical and Dental College and Abbasi Shaheed Hospital, Karachi, Pakistan; ² The Lister Hospital and Fertility Centre, Airport Hills, Accra, Ghana

Saline infusion sonography (SIS) or saline uterine hydrosonography (HSGM) is now a commonly used and accepted method of assessing benign uterine pathology. We describe three cases of long standing infertility (range 5–17 years), in which routine hystero-salpingograms were carried out to assess the uterine cavity and the status of the fallopian tubes as part of the investigation process. SIS was later used to further assess the uterine cavities. One woman with PCOS had ovulation induced successfully for several cycles, to no avail. The other two ovulated spontaneously on a regular basis.
In two cases, no uterine cavity abnormality was observed on HSG; in one case, a solitary uterine horn was identified during HSG. However, no blemishes affecting the endometrial lining or the Fallopian tubes were observed. In all three cases, SIS was used as a further investigation to assess the uterine cavity and in these cases polyps, hitherto undiscovered, were seen. Following removal of the polyps under general anaesthesia, two of these women conceived spontaneously without further assistance, suggesting that the polyps were the primary obstacle to the women’s subfertility. The woman with PCOS conceived during first post-polypectomy treatment cycle.
These three cases (images to be presented) are presented as examples of the superiority of SIS over HSG as a method of scrutinizing uterine cavity pathology in cases of benign uterine disease. Since HSG has long been an accepted method of assessing the status of the uterine cavity (together with the status of the fallopian tubes), we recommend that the radiation free and much simpler method of SIS should become an integral part of the fertility investigation process.
In cases where the tubal status is irrelevant (e.g., severe male factor compromise), SIS should be the investigation of choice for assessing the status of the uterus and its cavity. Indeed, it should be the primary investigation and assessment method for examining the uterus in all cases of infertility because it offers a higher degree of accuracy in the diagnosis of uterine cavity pathology.
The high degree of specificity and sensitivity compared to basic trans-vaginal ultrasound alone has been described (Vathanan, Armar, HSGM in contemporary Gynaecological Practice, RCOG Poster Presentation, Athens, 2011)
P2.29
Acceptability of contraceptive vaginal ring (NuvaRing®) amongst nurses in a Malaysian Teaching Hospital
Vijayaletchumi, T; Siraj, HH; Azmi, MT; Jamil, MA
1 Department of Obstetrics and Gynaecology; 2 Department of Public Health, Medical Faculty, Universiti Kebangsaan Malaysia Medical Center

Objective: This study was conducted to assess of a contraceptive vaginal ring amongst nurses in UKM Medical Centre (UKMMC).

Methods: A cross-sectional study was designed involving nurses who were randomly selected. Nurses who fulfilled the inclusion criteria and interested in practicing contraception for at least 2 months were eligible to participate in the clinical trial after signing consent. They were provided with NuvaRing® monthly for 2 months and their response were assessed monthly during their visit. Data was analyzed by using (SPSS) version 17.0 and P value of < 0.05 was considered statistically significant.

Results: Out of 422 nurses being selected, only 34 (7.7%) nurses agreed to participate in the clinical trial. Five (14.7%) nurses discontinued the study before two months. One nurse discontinued due to the increase in the vaginal discharge and the other four felt uncomfortable with the ring after insertion. Ninety-three percent of the nurses who completed the trial were happy to continue with NuvaRing® and all of them would recommend it to their family or friends.

Conclusion: There was a low acceptability for a contraceptive vaginal ring among the nurses that need to be addressed urgently. Rate of acceptance was however high amongst nurses who completed the trial. The challenge is to correct the misconceptions as soon as possible. Otherwise vaginal contraceptive ring would not benefit those who in need of an efficient

P2.30
Knowledge, attitude and practice: sexual health and contraception among the university students
Omar, NS; Sulaiman, S; Omar, SZ
Department of Obstetrics and Gynaecology, University of Malaya, Kuala Lumpur, Malaysia

Introduction: Sexual curiosity frequently occurs among adolescents and youth. The information on reproductive and sexual health may not be accurate and this may affect their decision-making and subsequently affect their practice. We conducted a descriptive cross-sectional study to assess level of knowledge, positive attitude and good practice regarding sexual health and contraception among the university students.

Objective: Main objective is to assess knowledge, attitude and practice regarding sexual health and contraception among the university students.

Methods: University students both males and females aged 18 years old and above from various faculties including Faculty of Medicine were approached and given an anonymous self-administered questionnaire which comprised of three parts: socio-demographic data, sexual health, and knowledge, attitude and practice on contraception. The questionnaires were collected after completed by the respondents. Data was analysed using SPSS 17.0 (SPSS Inc, Chicago, IL).

Results: Female has higher proportion of good KAP score compared to male. Other factors that significantly associated with good KAP are Indian ethnicity, Hindu religion, bachelor degree holder and medical students.

Conclusion: Overall KAP on sexual health and contraception of the university students is low; therefore sex education is important to be implemented starting at school level to increase the awareness regarding this issue.

P2.31
Pregnancies that just won’t go away
Abdullah, A; Aboud, R; Tan, TL
Ealing Hospital NHS Trust, London, United Kingdom

Objective: There are multiple causes for elevated serum β-hCG (β-human chorionic gonadotrophin), most commonly, pregnancy. Gestational trophoblastic disease, ectopic secretion from tumours, pituitary derived hCG and false positive β-hCG are causes that occasionally fall into this category. Rarely there are a group of women where no cause is apparent for their persistently elevated levels. These women may present to an early pregnancy unit potentially posing management dilemmas such as complicated prolonged ‘pregnancy of unknown location’ (PUL). We will discuss our literature review and management of a woman who presented with amenorrhoea and elevated serum hCG that persisted for months with no identifiable pregnancy or ectopic source of β-hCG secretion.

Methods: PubMed, Google scholar and Ovid literature searches were performed for persistently elevated and false positive β-hCG. This paper looks at the performance of hCG curves in women with ectopic pregnancies and the other recognized causes of raised β-hCG. We will also discuss the case of a patient who presented with elevated serum hCG and had no identifiable pregnancy or ectopic source of β-hCG secretion despite numerous investigations.

Results: The literature review revealed little on this subject. The largest case series came from one of the UK’s regional trophoblastic disease centres identifying only 14 patients over a 24 year period. Three of these cases developed gestational choriocarcinoma after 9–29 months, the remaining 11 had no cause found. Our patient was initially managed expectantly as a PUL with a serum β-hCG of 318 IU/L, then medically when the levels remained elevated for a suspected recurrent ipsilateral tubal stump pregnancy. After 5 months of follow-up with an negative body CT scan and outpatient endometrial sampling, she was referred to our regional centre for trophoblastic disease for a persistent serum β-hCG fluctuating around 50–100 IU/L. Further investigations including biochemical tests, imaging, laparoscopy and hysteroscopy were performed and failed to locate the source of the elevated β-hCG. She was followed-up for 14 months and conceived spontaneously 8 months thereafter.

Conclusion: Our patient was investigated thoroughly and avoided laparotomy, hysterectomy and oophorectomy allowing her to remain healthy and conceive and deliver a healthy baby subsequently. Persistently elevated β-hCG remains an enigma.
A clear management pathway is important both to exclude ectopic pregnancies and malignant causes of elevated β-hCG while avoiding unnecessary surgical and medical intervention. A systematic framework is required so that an optimal management plan may be formulated.

**P2.32**

**Intra-ureteric placement of foley catheter in previously undiagnosed duplex kidney**

**Viswanatha, RK; Rose, D; Thakar, R; Moore, CM; Raju**

Croydon University Hospital, United Kingdom

**Objective:** A case presentation of inadvertent insertion of a Foley catheter in the ureteric orifice of a duplex kidney, in a full term pregnant lady prior to emergency caesarean section.

**Methods:** A 28 year old lady was admitted in her second pregnancy at 39 weeks gestation with spontaneous onset of labour. She had a caesarean section in her previous pregnancy. In the current pregnancy she wanted to try for vaginal birth. After 8 h of regular contractions her cervix did not dilate beyond 4 cm. An emergency caesarean section was discussed for failure to progress. Preoperatively a Foley catheter was inserted and clear urine was drained. The catheter was advanced into the bladder to prevent urethral injury and catheter balloon was inflated when the patient complained of severe pain. All measures to deflate the balloon including cutting the end of the catheter failed. Under spinal anaesthesia further attempts to remove catheter were under taken. The catheter flipped into the bladder, and a second catheter was placed and caesarean section was carried out. Only one catheter balloon was felt in the bladder during section. Cystoscopy was performed the following day which showed oedematous bladder and the catheter was seen entering the bladder neck in what was suspected to be a false passage. With cystoscopy biopsy forceps attempts were made to remove the catheter but the catheter was found to be stuck. Due to severe oedema it was then considered unsafe to proceed. She was commenced on antibiotics and a repeat cystoscopy was arranged for the following week. The oedema had settled and the catheter was not seen within the bladder. The opening which was thought to be a false passage was assessed with contrast and found to be the proximally placed ureteric orifice of the upper moiety of a duplex kidney. Ureteroscopy showed that the catheter was within the proximal ureter. The catheter balloon was deflated at this stage and the catheter was successfully removed using ureteroscopy forceps. Postoperatively she recovered well and was discharged the following day.

**Conclusion:** Duplex kidney is an anatomic anomaly which, if unrecognised, can complicate simple catheterisation.

**P2.33**

**First on-going pregnancy via frozen embryo transfer (FET) using frozen oocytes and frozen sperm**

**Leong, WY; Lee, CSS; Low SY**

Alpha International Fertility Centre, Dataran Sunway, Kota Damansara, Petaling Jaya, Selangor, Malaysia

**Introduction:** A 35 year-old women with failure to conceive for 3 years due to profound male factor, had a successful pregnancy from a Frozen Embryo Transfer (FET) cycle using embryos fertilised earlier from frozen sperm and frozen oocytes.

**Methods:** The patient underwent Intra-Cytoplasmic Sperm Injection (ICSI) program with a long down regulation protocol in November 2010. Her spouse who did not have a prior history of erectile dysfunction failed to produce an ejaculate on the day of oocyte pick-up. Immediate Percutaneous Epididymal Sperm Aspiration (PESA) was performed but no sperm was obtained, necessitating freezing of the available oocytes. With hindsight, sperm from an ejaculate later was frozen and they underwent a fresh embryo transfer cycle using the frozen sperm and frozen oocytes. Six thawed oocytes were fertilised from thawed sperm via ICSI and from these, three embryos were transferred and another three frozen. This cycle resulted in a viable singleton pregnancy but followed with a first trimester miscarriage. The three frozen embryos were utilized in a Frozen Embryo Transfer (FET) cycle 3 months later, whereby, the patient was given an ascending dose of oral ethinyl estradiol starting from day 5 of her menstrual cycle after down regulation with Intramuscular Depot GnRH analogue. Optimal endometrial thickness was achieved after 13 days of oral ethinyl estradiol, and progesterone pessaries were then added. Three frozen embryos were thawed on day 23 of the cycle using Vitrolife Thawing Kit 1. All embryos survived and were transferred with the standard Embryo Transfer protocol, and resulted in singleton pregnancy. Luteal support continued with oral oestrogen and progesterone pessaries until 12 weeks of gestation.

**Results:** Of the 24 frozen oocytes, 19 (79.1%) survived the thawing process. Fertilisation rate from the frozen oocytes using frozen sperm was 31.5% (6/19). Implantation rate (IR) from the three fresh embryos was 33.3% albeit resulting in a miscarriage. The subsequent pregnancy from the three frozen embryos also resulted in a singleton pregnancy (IR of 33.3%).

**Conclusion:** The patient is pregnant with a baby boy and in her 24th week of pregnancy at the time of writing. A successful pregnancy can therefore be achieved via FET using frozen oocytes and frozen sperm.

**P2.34**

**The effect of knowledge on the desire for multiple pregnancies among patients with subfertility**

**Razali, N; Latar, IL**

Department of Obstetrics and Gynaecology, Faculty of Medicine, University Malaya, Kuala Lumpur, Malaysia

**Objective:** To study the influence of informing patients regarding the risks associated with multiple pregnancies to both mother and fetus and their initial desire for multiple pregnancies.

**Methods:** A prospective study was carried out in the Infertility clinic of University Malaya Medical Center, Kuala Lumpur, Malaysia involving patients and their spouses. Couples attending the clinic were offered to fill up a questionnaire separately. Following this, they were handed a pamphlet with information regarding the risks associated with multiple pregnancies. The...
patients will then be required to answer again the question on the number of pregnancy desired that was previously asked. Univariate and Multivariate regression analysis was performed looking at predictors for desire for multiple pregnancy and also predictors of continuous desire for multiple pregnancies after provision of information.

Results: 41% of patients desired multiple pregnancies. Patients older than 35 years old have increased while patients with preexisting knowledge of risks associated with multiple pregnancy and previous treatment for infertility have decreased desire for multiple pregnancies. However, for those patients who have preexisting knowledge of the increased risk, providing further information regarding the risks did not change their increased desire for multiple pregnancy. Similarly, patients who are older than 35 and with longer duration of infertility also did not change their desire after given information regarding the increased risk.

Conclusion: Providing and reinforcing knowledge on the risks to mother and fetus associated with multiple pregnancies did not decrease the preference for multiple pregnancies in patients.

P2.35
A study on contraceptive awareness and usage among postpartum women in Hospital Seberang Jaya
Aw, LD; Parampalam, SD; Kanagalingam, G; Ismail, M; Ahmad, Y; Kathirgamanathan, B
Obstetrics and Gynaecology Department, Hospital Seberang Jaya, Penang, Malaysia

Objective: The worrying trend for the unmet need for contraception is a global issue. This is also addressed in MDG 5. Hence, we have embarked this study to look into the awareness and practise of contraception among women in our hospital.

Methods: This cross-sectional study included 379 postpartum women (sample size determined by power of study 0.80, 95% CI) who were sampled from our postnatal ward. They were interviewed using structured questionnaires regarding contraceptive awareness and usage. Data were collected and analysed using statistical software SPSS 19.

Results: The contraceptive prevalence rate among our study population was 45.6% which was lower than the national contraceptive rate (54.4%) in 2007. Sixty-five percent of the study population was 45.6% which was lower than the national rate. Eighty percent of the study population had planned their family size.

Conclusion: Low contraceptive prevalence among our study population was due to low awareness of contraception availability before marriage, hence healthcare workers should include family planning during premarital counselling. Hormonal contraception was the contraceptive method of choice among the multiparous women. Emphasis on other methods of contraception is also necessary as cost, associated medical condition and convenient usage have shown to influence the choice of family planning method.

P2.36
Pilot study: accuracy of hysterosalpingography versus laparoscopy dye test
Zaid, RZ1; Sharma, S2
1 Department of Obstetrics and Gynaecology; 2 Newham General Hospital, United Kingdom

Tubal factor is one of the important criteria in the investigation of sub-fertile couples. As a first step hysterosalpingography (HSG) is used to assess tubal patency, HSG also yields information about the uterine cavity and some information about hydrosalpinges and may be peri-tubal adhesions as well. HSG is less invasive and has fewer side effects. Women generally tolerate it well. Usually pain is the commonest complain and rarely infection or allergy to the dye medium. If the woman has history of dysmenorrhea, dyspareunia, suspicion of endometriosis or pelvic infection then laparoscopy is preferred. The other important reason is if HSG suggests tubal blockage laparoscopy is carried out to confirm the findings. Laparoscopy is more invasive, risk of organ injury, anaesthetic complications and overall cost is higher than a simple HSG. WHO sponsored multicentered trial was carried out in 1986 to compare HSG and laparoscopy and dye test. This showed only 55% of the women had similar findings. Comparison of insufflations and HSG showed false positive rate of 42%. A randomised prospective controlled study done in 1999 showed that selective salpingography is better test for proximal tubal occlusion. There is no difference between the two in diagnosing distal tubal occlusion. Another study done in Riyadh found 62.5% agreement between the two methods. All the existing studies are more than 10 years ago. We made an attempt to do a pilot study to assess the accuracy of the two. We collected data between 2009 and 2011. All the patients who attend the sub-fertility clinic at Newham General Hospital were included. We have 31 patients who had laparoscopy and dye test. We only included the ones who have had HSG and laparoscopy to compare the outcome. We are comparing the hysteroscopy and the laparoscopy findings or these patients.
**P2.37**
The effect of *Anethum graveolens* L. Oil on the flatulence intensity after caesarean section

**Fazel, N**; Pejhan, A; Taghzadeh, M; Tabarayi, Y

1 Faculty of Medical Science, Sabzevar, Iran; 2 Faculty of Medical Science, Sabzevar, Iran; 3 Pharmaceutical of Medical Science, Kashan, Iran; 4 Statistics of Medical Science Faculty of Medical Science, Sabzevar, Iran

**Objective:** Flatulence is the most common postoperative gestational disorder and caesarean is the most common surgery in women and causes respiratory disorder, pain, the open the suture, distention abdominal. Most drugs used to alleviate the abdominal flatulence are associated with complications and harmful effects and give us a hint to adopt herbal medicinal.

**Methods:** This clinical trial two-blinded study, involving 128 women (placebo 59 – drug 69) was be caesarean carried to evaluate the effect of *Anethum graveolens* L. oil on flatulence intensity after caesarean in sabzevar. The method was eat drug and placebo after finished Npo, three dose 40 drop per 20 min in the have women that flatulence.

**Results:** K-Squire analysis results indicated a significant difference between two group in flatulence had decrease in second and third 20 min. \((P < 0.001)\).

**Discussion:** Therefore, the hypothesis ‘*Anethum graveolens* L oil is reduce on the flatulence intensity after caesarean section’ was confirmed.

---

**P2.38**
A qualitative study on patients’ perceptions of expectant management of incomplete miscarriage

**Abeyysundara, IDHPK; Herath, RP; Wijesinghe, PS**

Department of Obstetrics and Gynaecology, Faculty of Medicine, University of Kelaniya, Sri Lanka

**Objective:** To understand the physical, emotional and socio-cultural aspects that influence patient acceptance of expectant management of first trimester miscarriage.

**Methods:** A qualitative study among 25 women who were allocated to the expectant management arm of a randomised control trial, which compared expectant versus surgical management of incomplete miscarriage, was carried out in the University Gynaecology Unit, University of Kelaniya, Sri Lanka. Women were interviewed at the end of two weeks from the initial diagnosis. The interview was based on five principal themes: bleeding and pain, ideas and feelings regarding the intervention, patient’s preferred treatment modality in a possible future event, further fertility wishes, and care received during the time of admission. Interviews were recorded using a digital voice recorder, and subsequently transcribed and translated in to English.

**Results:** Majority of women experienced heavy bleeding and pain, which were worse than a normal menstrual period. For women who were employed, duration of symptoms was the main factor, which determined their perceptions regarding bleeding and pain. Many preferred expectant management and were satisfied with the mode of management. Ideas and beliefs of the mother, husband, mother in law, and other patients in the ward influenced most of women experiencing a miscarriage. Majority preferred the same mode of management in a possible future event while few of them preferred medical evacuation. Many expected to conceive again but preferred to delay it even in the absence of any contraindication. However, few of them completely gave up hopes. Inadequate knowledge of the principles of expectant management led to dissatisfaction regarding the care received during admission.

**Conclusions:** Better counseling on the natural course of events in spontaneous miscarriage will help not only the patient but also the relatives in accepting expectant management of first trimester miscarriage with regard to their ideas beliefs and feelings. Better understanding of these aspects by the health care workers will help in improving the overall quality of care.

**Acknowledgement:** The study was supported by the National Science Foundation of Sri Lanka, Grant number RG/2007/HS/07. We acknowledge support extended by the Language unit of the Faculty of Medicine, University of Kelaniya, Sri Lanka.

---

**P2.39**
Female genital mutilation: are we meeting RCOG guidelines?

**Relph, S**; Inamdar, R; Singh, H; Yoong, W

1 North Middlesex University Hospital, London, UK; 2 St George’s Medical School, Grenada

**Introduction:** The RCOG statement (2009) on FGM stated that healthcare workers should ‘actively demonstrate knowledge’ of the condition, and that ‘clinicians should be aware of the high complication rates, which should be taken into account when counselling about...delivery’. This study assessed the knowledge amongst healthcare workers at a North London hospital with a high prevalence of FGM.

**Methods:** A questionnaire was distributed to obstetric, paediatric and foundation trainee doctors, consultants, midwives, gynaecological nurses and medical or midwifery students.

**Results:** In this on-going study, 65 questionnaires were completed. Twenty-one percent of responders were students, 23.1% junior trainees, 21.6% obstetricians and 23.1% maternity midwifery/nursing staff. Although 100% were aware of FGC, only a quarter of responders were able to identify or confidently consult patients. More understanding of these aspects by the health care workers will help in improving the overall quality of care. More undergraduate and postgraduate education is required in order to meet RCOG guidelines.
Spontaneous bilateral ectopic pregnancy
Reddy, AP; Chowdhary, S; Saxena, RK; Venkatesh, S; Pandey, P

Department of Obstetrics and Gynaecology, Vydehi Institute of Medical Science and Research Centre, Whitefield, Bangalore

Objective: To highlight the diagnostic pitfalls and treatment options for bilateral tubal ectopic pregnancy. Simultaneous bilateral ectopic pregnancy is the rarest form of extrauterine gestation. The incidence of bilateral tubal ectopic pregnancy in the absence of preceding induction of ovulation is reported to range from 1 in 725 to 1 in 1580 extra uterine pregnancies. The diagnosis of bilateral tubal pregnancy is usually made intraoperatively.

Case report: This primigravida presented with 14 weeks amenorrhoea with vaginal bleeding and lower abdominal pain of 4 weeks duration. She underwent dilatation and evacuation (D&E) for ‘missed abortion’ at 10 weeks of gestation, at a local hospital. On 5th post operative day she started having excessive vaginal bleeding and repeat D&E was done. As the bleeding and pain persisted, she reported to our hospital on 29th post-operative day. A tender, soft mass of 8 x 10 cm was palpable per abdomen, with bleeding through the cervical os. She was anaemic and her β-hCG was 151 µIU/mL. Pelvic scan showed normal uterus with right adnexal mass of 72 x 69 mm and left adnexal mass of 27 x 22 mm with significant amount of free fluid in abdomen. The patient underwent an emergency exploratory laparotomy for suspected ruptured right tubal ectopic gestation. On laparotomy she was detected to have bilateral tubal ectopic gestation. Right sided salpingectomy with left sided salpingostomy was done.

Discussion: Management of bilateral tubal pregnancy in a young lady desirous of fertility is a challenging task. The clinical presentation of bilateral ectopic pregnancy is unpredictable. It bears no unique clinical features to distinguish it from a unilateral ectopic pregnancy. In the absence of known risk factors for ectopic pregnancy, suspicion must remain high. The diagnosis of ectopic pregnancy often rests on the absence of an intrauterine pregnancy rather than direct visualization of the ectopic itself; ultrasonography cannot be relied upon to make the diagnosis of a bilateral ectopic pregnancy. Levels of serum β-hCG and the discriminatory zone are also not reliable for patients with bilateral disease.

Conclusion: Consequently, the diagnosis of bilateral tubal pregnancy is usually made intraoperatively. This underscores the importance of closely examining both tubes at the time of surgery. The treatment options range from total abdominal hysterectomy with bilateral salpingooophorectomy to a more conservative approach, with salpingectomy or salpingostomy.

Pregnancy among unmarried women in a tertiary centre in Pahang, Malaysia
Mustafa, KB1; Wahab, NA1; Sidek, AA1; Awang, M1; Abdullah, S1; Ibrahim, N2

1 Department of Obstetrics and Gynecology, International Islamic University Malaysia, Pahang, Malaysia; 2 Department of Obstetrics and Gynecology, Hospital Tengku Ampuan Afzan, Kuantan, Pahang, Malaysia

Objective: The study was aimed at obtaining sociodemographic data of unmarried women who delivered in the centre. The information includes age, education level, parental status, substance abuse and previous sexual abuse.

Setting: Hospital Tengku Ampuan Afzan, Kuantan, Pahang, Malaysia.

Methods: This one year prospective study was conducted from 1 August 2010 until 31 July 2011 by identifying the women upon admission to this centre for delivery. They were interviewed using a standard guided questionnaire and conducted by a dedicated co-researcher. All unmarried pregnant women who came for delivery in this centre were included unless they refused.

Results: During the study period, out of 9994 women who came for deliveries, 121 women were identified as unmarried, and were recruited. The youngest maternal age at delivery was 13, and the oldest was 36 with a mean age of 21.6 years. 31.4% were teenagers. Only 16% of patients have the benefit of higher education beyond their primary and secondary school, and 2.5% has never had any formal education. 36.3% of the women has their parents either divorced or widowed/widower. With regards to substance abuse, 31.4% of the women were either smoker or ex smoker, only 7.5% have ever consumed alcohol, and none admitted to ever use any recreational drugs. 90.9% of the women became pregnant after sexual debut with either their boyfriend or their fiancée, and the other 9.1% either had the sexual encounter with someone other than the two mentioned, or did not know personally their sexual partner. 8.3% has prior history of being sexually assaulted. Ninety-two patients (76%) never used any contraceptive method despite majority of them (85.1%) were aware of the danger of sexually transmitted disease. Seventy-five percent of them were either unbooked or late booker. Of all the patients, 54 (45.8%) were not aware of availability of support groups.

Conclusion: Single unmarried women are usually associated with poor background history, poor antenatal check up, substance abuse, and other social ills. This study has managed to identify certain possible background factors of these women in our society that may be addressed in order to improve the antenatal and postnatal care of the mother and babies in the future, as well as the social ills in general. This is important in this era of moral decadence.
P2.42
A study of a clinical profile of secondary postpartum haemorrhage in Central Women Hospital (Yangon)

Soe, S; Tun, NM; Mya, WW
University Of Medicine (2), Yangon, Myanmar

From 1 January 2009 to 31 December 2009, the study of secondary postpartum haemorrhage (PPH) cases was conducted in CWH (Yangon) to determine hospital proportion of secondary PPH, to describe causes, clinical presentations, associated factors and management pattern of secondary PPH cases. It was a hospital-based cross-sectional descriptive study. There were 25 cases of secondary PPH. The proportion of secondary PPH was 0.205 per 100 deliveries. The mean maternal age was 31.2 years ± 6.1 years. Most cases were occurred in primipara and second para. Most cases were from Yangon division. Twenty women presenting with secondary PPH took ANC and five did not take ANC. Twelve cases (48%) were delivered at CWH (Yangon) and home delivery in three cases (12%). Forty percent were delivered vaginally and 36% delivered by emergency caesarean section and 24% by elective caesarean section. Among 25 cases, 20 cases (80%) had active management of third stage of labour and five cases (20%) had no active management. Only three cases (12%) had retained placenta and need to remove manually. Twenty had no puerperal complications and five had puerperal complications. The mean days of puerperium at the time of presentation were 17.4 days at that time most of patients were discharged from hospital. Management of secondary PPH included medical and surgical treatment. Antibiotics were given to all women presenting with secondary PPH. Uterotonics agents such as injection oxytocin, ergometrine and prostaglandin were given to all women. Although products of conception were often not identified, uterine evacuation in this situation was had therapeutic benefit. Ten of 25 women presenting with secondary PPH underwent uterine curettage. Among 25 patients, one had required laparotomy and subtotal hysterectomy was done. The histological report revealed retained placental tissues. So, there were only few indicators to alert which women were more prone to get secondary PPH. Women with secondary PPH were resulted in significant maternal morbidity such as hospital admission, blood transfusion, uterine evacuation and more aggressive surgical interventions. These problems deserve more attention than it received in recent years.

P2.43
Pregnancy testing in acute hospital admissions
Wallace, P; Shah, A
Yeovil District Hospital Foundation NHS Trust, United Kingdom

It has been acknowledged for many years that pregnancy testing should be offered routinely to all women of reproductive age on admission to hospital.\(^1,2\) Despite this there are no current guidelines in the UK regarding pregnancy testing in acute admissions, and the number of women who are routinely screened remains suboptimal, and many women are given medications, radiological investigations and interventional procedures which could potentially harm a developing baby.

**Objectives:** We assessed the proportion of women of reproductive age who had a pregnancy test on acute hospital admission. Of those women who have not had a pregnancy test, how many had had pregnancy reliably excluded. We then determined if any woman was subsequently exposed to potentially harmful medications,\(^3,4\) radiological investigations or procedures.

**Methods:** We performed a retrospective audit of patient notes, using a 13 part questionnaire, of 121 female patients aged between 20 and 50 years, admitted to Yeovil District Hospital between March and September 2011.

**Results:** Of the 121 patients, 27 patients (22.3%) had pregnancy tests, and 27 patients (22.3%) had pregnancy excluded through questioning. Of those who did not have pregnancy excluded (\(n = 67\)) 30 patients received medication, underwent radiological investigation or underwent invasive procedures which had potential to harm a developing fetus.

**Conclusions:** Based on this small sample it is evident that current practice regarding pregnancy testing in acute admissions is not preventing a sizeable number of women of reproductive age from being exposed to potentially harmful medications or procedures. We recommend that all women of reproductive age should be screened on admission for pregnancy, either through questioning or administration of urine pregnancy test. Additionally, changes in admission proformas or prescription charts to include a pregnancy screening question will reduce the number of women at risk, as will further education of clinicians.

**References:**

P2.44
Outcome of cervical cerclage over 5 year period in a Hospital in South East England

Hussain, U; Sharma, S; Khan, R
Princess Alexandra Hospital, United Kingdom

**Background:** Cervical incompetence is an imprecise clinical diagnosis frequently applied to women with a history where it is assumed the cervix is weak and unable to remain closed during pregnancy. Recent evidence suggests that rather than being a dichotomous variable, cervical competence is likely to be a continuum influenced by factors related not solely to the intrinsic structure of the cervix but also to processes driving premature effacement and dilatation. Cervical incompetence affects 1% of the obstetric population and occurs in 8% of women with recurrent midtrimester losses.

**Objective:** The aims of the audit was to find out the number of cervical cerclages done between 2003 and 2007, assess the outcome of cervical cerclage along with their complications, evaluate the effect of antibiotics, serial cervical scans and cyclogest...
pessaries on the outcome and recommend guidelines for the cervical cerclage.

**Methods:** This is a 5 year retrospective audit of the cervical cerclage done from 2003 to 2007 done at one of the London hospitals. The total number of cervical cerclages done were 42. Five case notes were not found and hence the total number of cases analysed were 37. Factors considered in history prior to selection of patients for cerclage were previous preterm delivery including previous midtrimester losses and history of trauma to the cervix (cone biopsy).

**Results:** 70% of patients had cervical cerclage between 12 and 15 weeks of gestation and 11% of these delivered preterm. Twenty-four percent had cerclage between 16 and 20 weeks and again 11% of this group had preterm delivery. 5.4% had cerclage between 21 and 23 weeks in an emergency setting with 50% rate of preterm delivery. Overall, 78% delivered at full term, 13.5% delivered preterm and 8.1% had mid trimester losses. Eighty-five percent delivered vaginally and just under 15% had caesarean section. Antibiotics post stitch doubled the rate of deliveries at term. Ninety percent of those who received cyclogest delivered at term and 1% at preterm compared to 74% at term and 14% preterm who did not receive cyclogest. Serial cervical length measurement post cerclage did not reduce the preterm delivery rate. Chorioamnionitis was found in 18% in those patients who did not receive antibiotics versus 0% in antibiotics group.

**Conclusion:** Patients on antibiotics and cyclogest were more likely to reach full term pregnancy. Serial measurements of cervical lengths did not reduce the rate of mid trimester loss in patients with cervical cerclage but was associated with slightly better.

**P2.45**

Review of infertile women with polycystic ovary syndrome in an urban area of Malaysia

Rohani, A; Zulida, R; Dinehs Rao, RR; Tan, XQ; Yazid, MN; Ng, CK

Department of Obstetrics and Gynaecology, Faculty of Medicine and Health Sciences, University Putra Malaysia, Selangor, Malaysia; Department of Obstetrics and Gynaecology, General Hospital Kajang, Selangor, Malaysia

**Background:** The aim of this study is to identify the profiles and associated factors of Polycystic Ovarian Syndrome (PCOS) among infertile women attending Gynaecology Clinic in an urban area of Peninsular Malaysia.

**Methods:** This is a cross-sectional case control study analysing factors including socio-demographic and associated factors of women with infertility and PCOS. Secondary data were obtained from General Hospital Kajang, Selangor from January 2006 till July 2007. All infertile patients were eligible in the study. All data were entered into SPSS 16.0 and analyzed using Chi-square test, Fisher exact test and by Mann–Whitney U test.

**Results:** There were 277 respondents with PCOS. Malays were 186 (67.2%), Indian 77 (27.8%), Chinese 9 (3.2%) and others 5 (1.8%). Seventy-seven (77) respondents with PCOS were infertile with prevalence of 27.8%. Mean age was 28 ± 6 years and age of menarche 12 ± 1 years. The prevalence PCOS among Indian were highest (43%) compare to Malays (23%). Respondent with PCOS have higher value of LH (median 7.15 ± 5.2 IU/L) compare to FSH (median 5.3 ± 2.18 IU/L) and higher LH/FSH ratio (median 1.298 ± 1.15). There were significant associations between race (P = 0.013), LH level (P = 0.004), obesity (P = 0.001), LH/FSH ratio (P = 0.001), hirsuitism (P < 0.001), irregular menses (P < 0.001) and diabetes mellitus (P < 0.001) with PCOS among infertile women. However, there were no significant association between age, age of menarche, FSH level, amenorrhea, oligomenorrhea, dysmenorrhea and hypertension with PCOS.

**Conclusion:** The prevalence of PCOS among infertile was 27.8%. PCOS were significantly associated obesity, hormonal level of LH and LH/FSH ratio, hirsuitism, irregular menses and diabetes mellitus.

**P2.46**

Improvements of sexual and reproductive healthcare needs of women with HIV in primary care setting

Wan Fadhilah, WI

Family Medicine Specialist, Mahmoodiah Health Clinic, Johor Bahru, Johor, Malaysia

**Objectives:** To improve the sexual and reproductive health care of women with HIV in a primary healthcare clinic. Assessment of comprehensive sexual and reproductive health care integrated with HIV care was conducted to facilitate change to improve clinical practice.

**Methods:** The case notes of 16 women with HIV infections were audited. Assessment done include adherence to guideline recommendations, psychosocial morbidity, intervention to reduce the risks of transmission, screening of STIs and choice of contraceptive methods.

**Results:** The mean age of women with HIV infections are 33.5 years. Majority were Malays (37.5%) and Indian (37.5%) women. All were infected through heterosexual transmission and all were screen for STIs. 12.5% had STIs and were treated accordingly while only 31% undergone cervical cytology/pap smear testing. Only 20% uses condom consistently and majority either abstain or did not use any form of contraceptive at all. Factors contribute to poor sexual and reproductive healthcare will be discussed.

**Conclusions:** HIV treatment in primary health care clinic can improve access to sexual and reproductive health care provided that healthcare providers were given appropriate training and support.

**P2.47**

Urinary tract infection and wound infection in obese women undergoing caesarean section at women’s health center

Sahar Abdel-Samad, Moustafa, H, Nagieb, S, Al-Hussaini, T, Alddin, HA

Assiut University, Faculty Of Nursing, Egypt

**Background:** Obesity is a serious and growing global health problem. There are approximately 300 million obese adults...
worldwide and increasing in developing countries more than developed countries. In Egypt 70% of adult women were overweight, added that the prevalence in 30.8% rural women and 49.1% urban women were obese. Prepregnancy obesity is common and it adversely affects the maternal and perinatal outcomes. Maternal obesity has major impact on health service, especially on relation to the level of care required, the cost and resources implications related to increased complications and risk to the mothers and infant such as increased rates of caesarean section and postpartum infections.

**Objective:** was to determine whether obese women are at increased risk of urinary tract and wound infection after caesarean section compared to women with a normal body mass index (BMI).

**Methods:** It is a prospective study of 500 women (250 were obese and 250 non obese) after elective caesarean section from postpartum wards, Obstetrics Department, Women’s Health Center, Assiut University Hospital. Special questionnaire for data collection was designed, urine culture was taken to detect (UTIs) and follow up continue after one week until one month after discharge to detect wound infection.

**Results:** Women in the obese group were significantly more complications during pregnancy and higher in postpartum infection more than non obese women. Urinary tract infection was (22.8%) compared with (12.4%) in non obese women and wound infection was (12.4%) compared with (3.2%) in non obese women.

**Conclusions:** Maternal obesity has major adverse effects on pregnancy outcome, increase postpartum infection and economic pregnancy. Pregnancy among obese women must be classified as high risk pregnancy.

**P2.48**

Audit on indication for caesarean section

_Towobola, B_

_Causeway Hospital, Coleraine, Northern Ireland, United Kingdom_

**Objective:** To assess compliance with NICE guidelines on the indication for caesarean section (C/S), as this affects overall C/S rates. To encourage medical staff to adhere to guidelines when making decision/agreeing to C/S. To reduce C/S rates.

**Methods:** A retrospective audit of women having C/S between July 2010 and Dec 2010, in Causeway Hospital, Northern Ireland, UK. Data were collected from casenotes and a total of 135 charts were audited.

**Results:** Overall CS rate over the period audited was 25.65%. Emergency CS accounted for 41% while 59% was elective. Of the 41% of EMCS, failure to progress was the reason in 40% while pathological CTG made up 25%. Repeat ELCS after a single CS accounted for 39.5% of the total ELCS, followed by breech at 19% and previous traumatic delivery at 12.5%. Of note is the fact that 4.5% of patients had ELCS based on maternal request alone. Risks and benefits of CS Vs VBAC was discussed with patients who have had one previous CS, in only 41% of cases.

**Conclusions:** Overall CS rate over the period audited was 25.65%. Repeat ELCS after a single CS accounted for 21.5% of the total caesarean section are less women opting for vaginal birth after caesarean section(VBAC)? Maternal request – 4.5% in this age of maternal empowerment, can we really do anything about it? We certainly need to improve on our documentation about the risks and benefits of elective repeat caesarean section Vs VBAC.

**P2.49**

Spontaneous bilateral ectopic pregnancy: case report

_Savant, R; Peacock, S; Piskorowskyj, N_

_Glangwili General Hospital, Carmarthen, Carmarthenshire, United Kingdom_

A primigravida at five and half weeks attended EPAU with history of PV spotting. It was a spontaneous conception. She was hemodynamically stable and did not have any other complaints. TVS showed an ectopic mass in the left adnexe 12 × 10 mm with a yolk sac. Q/HCG was 2082 IU. She opted for medical management with methotrexate. She was followed up on day 4 and day 7 with blood tests. Day 8 scan revealed a right adnexe mass measuring 22 × 20 × 44 mm suggestive of another ectopic pregnancy. Q/HCG had dropped down to 313 IU. As she was asymptomatic and Q/HCG was dropping she was managed conservatively. Day 14 Q/HCG dropped further to 31; scan showed left ectopic at 6 × 6 mm and right ectopic at 26 × 29 mm. Day 23 scan showed the ectopic mass to shrink and Q/HCG dropped further and she was discharged.

**Discussion:** Spontaneous bilateral ectopic pregnancy in the absence of preceding induction of ovulation are rare occurrence, with an estimated incidence of 1 in 725 to 1 in 1580 ectopic pregnancies corresponding to occurrence of 1 per 200 000 live births. They are usually diagnosed intraoperatively. Of only 46 cases reported in the English literature in the last 19 years (2009), 29 were listed as spontaneous. We managed to diagnose a very rare condition by ultrasound and managed it effectively with methotrexate.

**Reference:**


**P2.50**

Gonadal torsion in children – is there any differences in the teaching resources?

_Ayu, V¹; Ghani, NAA²; Grover, S³; Hutson, J³_

¹ University of Melbourne, Melbourne, Australia; ² Pusat Perubatan UKM, Kuala Lumpur, Malaysia; ³ Royal Children’s Hospital, Melbourne, Australia

**Background:** There is no doubt that prompt surgical intervention is required in any boys or girls with gonadal torsion. Although there has always been a high index of suspicion of testicular torsion in boys with acute scrotum, the same is not true for girls with acute abdomen. The aim of this study was to assess the teaching resources for testicular torsion and ovarian torsion from the perspective of University of Melbourne medical students doing their paediatric term in Royal Children’s Hospital.

**Methods:** The written educational material and lecture session were assessed. A count of the number of words regarding
testicular torsion and ovarian torsion in the standard medical textbooks was undertaken. The duration of lecture time for fifth and sixth year medical student was timed.

**Results:** The mean number of word on testicular torsion in these textbooks was 5.3 times more than the mean number of word on ovarian torsion. The mean duration of lecture for testicular torsion was 5.7 min whilst the mean duration of lecture for ovarian torsion was 3 min.

**Conclusion:** There is definitely an obvious discrepancy in the emphasis of gonadal torsion between the male and female in the educational resources for medical students. It is hoped that this study would trigger more educational material being produced on ovarian torsion in attempt to increase the knowledge on this subject. Through better understanding, it will create awareness among the future health care provider of possibility of ovarian torsion in girls with acute abdomen and thus ensuring better care being provided and preservation of ovaries for future fertility.

**P2.51**
**Sociodemographic characteristics of women suffering from genital fistula**

Mahmud, G; Bangash, K

Maternal and Child Health Centre, Pakistan Institute of Medical Sciences Karachi Pakistan

**Introduction:** Genital fistula is a highly disabling condition with physical, psychological and social implications. Commonest cause in developing countries is prolonged labour but iatrogenic fistulae from gynecological surgeries are on rise. Teenage pregnancy, illiteracy, malnutrition, poverty and women discrimination are major factors leading to fistulae formation in Pakistan. The patients coming from difficult hilly terrain have to travel 15–20 miles on foot to reach the nearest health facility (AJK, Northern Areas) and from there it takes almost 280–300 miles to reach a tertiary care hospital.

**Settings:** MCHC Unit 1, PIMS, Islamabad, Pakistan. Study Period: January 2006–December 2011

**Methods:** Detailed history and examination of patients presenting with fistula were recorded on fistula cards and their personal and sociodemographic characteristics were studied. Regional referral system was established for increasing awareness about fistula repair centre.

**Results:** We encountered 300 patients with fistula over a period of six years. Seventy five percent of women belonged to reproductive age group (19–45) and 3% were teenagers. Majority of women presented with history of obstructed labour (60%) and the rest were iatrogenic fistulae from complications of gynecological surgery. Seventy-seven percent were urinary fistulae whereas rectovaginal fistulae comprised 23%. We received women from various provinces of Pakistan, 43% from Punjab, 21% from Azad Jammu and Kashmir, 16.4% from Khyber Pakhtunkhwa, 15.6% from ICT and 4% from northern areas. Ninety eight percent women belonged patients to poor socio-economic background with 97% of them being illiterate and they were unable to afford the cost of travel, surgical and medical expenditures. As a consequence of fistulae 7% of the women were divorced and 8% separated.

**Conclusion:** Improving access to good quality obstetric care, increasing awareness of safe motherhood, improving literacy rate and empowering women for their rights are required to prevent fistula formation. Iatrogenic are by unskilled or medical officer or General Surgeons who are not formally trained.

**P2.52**
**Case report of a birth of a healthy baby boy after fertilization of a cryopreserved oocyte with a cryopreserved testicular spermatozoa followed by a preimplantation genetic screening**

Zaheer [Iqbal], H; Al Bahar, A; Elkalyoubi, M; Madkour, W; Al Adham, M

Dubai Gynaecology and Fertility Centre, Dubai Health Authority

**Introduction:** Preimplantation genetic screening for gender selection is a sensitive issue ethically, morally and religiously. Non-medical sex selection debate continues with two different views. Gender bias, sex discrimination, and possible sex ration distortion stands up against family balancing, reproductive autonomy, and women empowerment.

**Case report:** The couple visited us for secondary infertility of 5 years duration. Mrs X is a 31 year old lady, P3 + 1. In the due course of time husband had developed non obstructive azospermia, testicular aspiration of sperm was performed and it was cryopreserved (TESA). Mrs X had polycystic ovaries. She had ovarian hyperstimulation on a long downregulation protocol with rFSH when 35 eggs, 20 (MII) mature oocytes were collected and frozen to prevent ovarian hyperstimulation. Two months later Mrs X had ICSI of frozen oocytes by a sperm obtained from a frozen TESA done earlier. Nine oocytes were thawed, eight oocytes survived and were injected, all were fertilized and cleaved and PGS was performed on all embryos on day three. There was one embryo with a XY karyotype which was transferred on a downregulated HRT cycle. Hormone replacement was done by oral estradiol valerate 2 mg three times a day, progesterone suppositories 400 mg twice daily were prescribed as a luteal support, were continued till the 12th week (unit policy). She had a single live fetus, and the pregnancy progressed till 35 weeks uneventfully when she had preterm premature rupture of membranes and had a vaginal delivery of an alive healthy baby boy who weighed 1.9 kg.

**Discussion:** Besides family balancing and fulfillment of culture and religious practice, non-medical sex selection allows couples to make an informed family planning decisions, prevents unintended pregnancy and termination of pregnancy, and minimizes intimate partner violence and/or child abuse. PGD only for sex selection involves preferential use of embryos and termination of not-chosen embryos that raises the ethical questions of the termination of pregnancy and minimizes intimate partner violence and/or child abuse. PGD only for sex selection is a sensitive issue ethically, morally and religiously.

**Conclusion:** This case is one of its kind in the Gulf region, probably in the world to our knowledge where PGS was performed on an embryo obtained from a cryopreserved oocyte.
and a cryopreserved sperm obtained from testicular aspiration. This case also proves the developmental competence of the embryo is not affected by vitrification of the oocyte.

P2.53
A case report of intracytoplasmic sperm injection using a frozen sperm resulting in a molar pregnancy
Hatta, MT; Cheong, YT
Sabah Women’s And Children’s Hospital, Kota Kinabalu, Sabah, Malaysia

Objective: To report a rare case of a woman who had ICSI using a frozen sperm which resulted in a molar pregnancy.

Methods: Case report.

Results: Following stimulation with recombinant gonadotrophin, oocytes were obtained during ovum pick-up. Intracytoplasmic injection was performed using husband’s frozen sperm retrieved through percutaneous epididymal aspiration (PESA). Serum β-hCG was 151.18 IU/L on day 15 post embryo transfer. Subsequent transvaginal ultrasound revealed a mixed echogenic intrauterine mass with no obvious intrauterine gestational sac. Suction and curettage was performed and histo-pathological examination revealed partial mole.

Conclusion: Molar pregnancy is rarely seen in ART but still possible even following ICSI.

P2.54
Couple satisfaction with overall sub-fertility management
Bapir, M; Hoh, J; Al-Inizi, S
Department of Women Health, South Tyneside District Hospital, United Kingdom

Objective: To assess satisfaction of sub-fertile couples with the overall management of infertility and also to assess the couple’s expectation in the term of clinical care and emotional aspect of sub fertility, starting from the first specialist fertility-nurse assessment clinic to the 5th follow up clinic.

Design: Questionnaire based study.

Setting: Women Health Unit at South Tyneside District Hospital.

Population: A total of 111 women, with history of sub-fertility.

Methods: Anonymous questionnaires were handed to couples at the end of the first nurse specialist assessment clinic, first appointment clinic and at the 5th appointment fertility clinic.

Results: At the pre-assessment nurse led clinic, 100% of couples were satisfied with the way the nurse asked them questions and felt all their concern were answered. 78.69–100% were happy with the explanation of required investigation, though only 16.4% of couples were anxious and worried at clinic about expectation. Their overall satisfaction rate was 9.67. At first clinic visit with the doctor 100% of couples were satisfied with explanation of investigation results and option given, 16% of couple liked to see infertility psychological counsellor as part of infertility service at clinic. At fifth clinic visit 94.7% were satisfied with information and option available to them and with attitude of the doctor, 10.5% of couples liked to see infertility psychological counsellor.

Conclusion: Couples were satisfied with their care, especially as the service is a couple-centred approach. The result of the 5th follow up clinic questionnaire has indicated that the involvement of an infertility psychological counsellor could further improve the service.

P2.55
Laparoscopic management of a torted hyper stimulated ovary
Shakir, F1; Shakir, T2
1 Department of Obstetrics and Gynaecology, Royal Surrey County Hospital, Guildford, UK; 2 University of Bristol, Bristol, UK

Objective: Torsion of a hyperstimulated ovary occurring after in vitro fertilisation (IVF) is rare. We present a case where the management of a patient with a torted hyper stimulated ovary was dealt with laparoscopically.

Methods: A 37 year old patient who was 8 weeks pregnant presented acutely to the emergency department with acute onset right iliac fossa pain. This was an IVF pregnancy and she had no complications prior to this episode. At presentation she had an acute abdomen and was tachycardic. A pelvic ultrasound scan was performed promptly and demonstrated a normal ongoing intrauterine pregnancy together with a cystic area around the right ovary, with minimal intra-peritoneal free fluid. The ultrasound diagnosis was a heterotopic pregnancy and the patient was placed on the emergency operating theatre list for a laparoscopy.

Results: At laparoscopy no instrumentation of the uterus was made and bilateral enlarged hyperstimulated ovaries were noted. The right ovary appeared grossly enlarged with a dusky colour and areas of haemorrhage. Further exploration demonstrated that the ovary was torted at its pedicle. Untwisting of the ovary restored its normal anatomy. The patient made a prompt recovery. The rest of her pregnancy was uneventful and she had a normal successful vaginal delivery.

Conclusion: Ovarian torsion is a rare but recognised complication that can occur in pregnant patients with hyperstimulated ovaries following IVF. Assisted fertility is increasing and obstetricians and gynaecologists together with emergency department doctors need to be aware of this possible diagnosis. Prompt diagnosis and management can lead to preservation of the ovary and no deterioration clinically. Laparoscopy together with untwisting the ovary is a simple and effective technique that should be used if appropriate.

P2.56
Effects of physical activity on pregnancy
Nouraei, S1; Akbari, SAA2
1 International-Branch, Shahid Beheshti University of Medical Sciences; 2 Department of Midwifery, Faculty of Nursing and Midwifery, Shahid Beheshti University of Medical Sciences, Tehran, Iran

Introduction: Pregnancy is the most sensitive stage of women’s life. In this period, a woman as a healthy and normal raises
another creature in her body and she needs more care because of her physiologic changes. The importance of pregnancy is that health and higher quality of mother life have direct effects on fetus life. Having appropriate physical activity does not cause damage to the fetus and mother; and if pregnant women do not have extreme fatigue or do not have any damage risk, it is not necessary to limit their activity. In 2002, American College of Gynecologists recommended that if there is not any gynecologic or medical abnormality for pregnant women, they must be encouraged to have regular moderate physical activity for about 30 min or more, daily which has not potential complications for fetus and does not cause direct damage to mother’s abdomen. This study reviews the effects of physical activity on pregnancy.

**Objective:** Conducting more research and studies with the aim of studying physical activity effects on pregnancy.

**Results:** The results of different studies in this regard were different. But finally, studies show that in pregnant women who have regular aerobic physical activity in their pregnancy, active phase of delivery is shorter, and the rate of caesarean section, muconium amniotic fluid and fetal distress is lower. These women are happier and tolerate labour pains, better and easier. Also, the risk of early labor in these women is lower than women who had no activity. In some studies, neonatal birthweight in women who had physical activity was higher than women who had not. The causes of this in mothers who exercised in third trimester are increased placental blood circulation and consequently increased placental growth and birthweight.

**Discussion and conclusion:** According to the studies, it can be concluded that physical activity in pregnancy is useful for women who had not any contraindications. But there is need for more studies in this regard.

**P2.57**

**Successful pregnancy in first attempt of IVF using gonadotropins in a woman with hypogonadotropin hypogonadism**

Cheong, YT; Hatta, MT

Department of Obstetrics and Gynaecology, Sabah Women’s and Children’s Hospital, Kota Kinabalu

**Objective:** To report a case of successful pregnancy following in vitro fertilization in a woman with hypogonadotropic hypogonadism.

**Methods:**

**Results:** We described a case of singleton pregnancy in a 33 year old patient, presenting with primary hypogonadotropic amenorrhea, treated with combination of recombinant FSH and human menopausal gonadotropins and performing in vitro fertilization in first attempt. This stimulation regime led to 10 oocytes obtained during oocyte retrieval. Seven of them were fertilized after ICSI. A singleton pregnancy ensued and a normal infant was delivered vaginally.

**Conclusion:** Hypogonadotropic hypogonadism is one of the causes of infertility. In women with hypogonadotropic hypogonadism, successful pregnancies are possible following induction of follicular growth using both follicle-stimulating hormone and luteinizing hormone.