

points, another has 7–8 points. In one case we diagnosed intranatal fetal death.

**Conclusions:** Anticoagulation therapy should begin in fertile cycle and follow during pregnancy and it's allow in 97.7% cases to prevent recurrent fetal loss and thrombophilia associated complication of pregnancy.

#### P0522

##### PREGNANCY OUTCOME OF ISOLATED CASES OF INTER-TWIN FETAL WEIGHT DISCORDANCE ESTIMATED BY ANTENATAL ULTRASOUND

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**Objectives:** To investigate the pregnancy outcome of isolated cases of inter-twin fetal weight discordance estimated by antenatal ultrasound.

**Method:** This is a retrospective cohort study of women with twin pregnancy delivered at or beyond 35 weeks of gestation in Samsung Medical Center from January 2007 to December 2013. Estimated fetal weight (EFW) discordance was defined as a difference of more than 20% in EFW between a twin pair calculated as  $100 \times (\text{EFW of the larger twin} - \text{EFW of the smaller twin}) / \text{EFW of the larger twin}$ . Complicated pregnancies such as preterm labor, premature rupture of membranes, placenta previa, preeclampsia, diabetes, twin-to-twin transfusion syndrome, monoamniotic twin and congenital fetal anomaly were excluded.

**Results:** Among a total of 253 twin pregnancies, 32 cases were identified as isolated EFW discordant twins. The sensitivity, specificity, positive predictive value and negative predictive value of EFW discordance in predicting the birth weight discordance was 65.6%, 89.1%, 46.7% and 94.7%, respectively. Composite neonatal morbidity, defined as having more than one of respiratory distress syndrome, admission to neonatal intensive care unit and neonatal death, decreased as gestational age at delivery increased (60.6%, 16.7%, 11.1% and 0% at 35, 36, 37 and 38 weeks respectively,  $P < 0.01$  by linear-by-linear association). Fetal death occurred in 1 case (3.1%).

**Conclusions:** The results of our study show that the sensitivity of EFW discordance in predicting the birth weight discordance was low, and neonatal adverse outcome was significantly associated with gestational age at delivery. Therefore, neonatal risk of elective early delivery for isolated discordant twin diagnosed by ultrasound should be balanced with the risk of fetal death.

#### P0523

##### APA PROFILE IN WOMEN WITH FETAL LOSS SYNDROME

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**Objectives:** As it is known pregnancy loss is a marker and the most striking manifestation of APS. We wanted to evaluate the importance of different antiphospholipid antibodies, especially antibodies to annexin V and anti-prothrombin antibodies that are not included in diagnostic criteria of APS.

**Method:** We have investigated anticardiolipin, antiannexin V, anti-b2-GPI, antiprothrombin antibodies using ELISA method and LA circulation in 146 women with history of recurrent miscarriage and 60 age matched healthy pregnant women. The study included 74 first trimester pregnant women (I group) and 72 second and third trimesters women (II group) who had a history of unexplained recurrent miscarriage.

**Results:** 34.2% women were diagnosed APS. LA circulation – 14%, anticardiolipin – 31.5%, anti-annexin V – 31%, anti-b2-GPI – 22.6, antiprothrombin – 10.3%. Combination of LA, anti-b2-GPI, anticardiolipin

was in 12.1%, LA, anti-annexin V and anti-b2-GPI – in 13.7%, anti-prothrombin and anti-b2-GPI – in 8.9%, LA, annexin V and b2-GPI – in 7.9% and was associated with more severe complications. In women treated before the pregnancy early miscarriage in the next pregnancy occurred in 1.6%. In II group the frequency of obstetric complications was higher compared with women of I group ( $p < 0.05$ ) but still significantly lower compared their history without therapy.

**Conclusions:** In spite of the fact that antibodies to annexin V are not included to the APS criteria, their level prevailed in the women with history of fetal loss. We consider it as a risk factor of recurrent fetal loss. Also the combination of various antibodies at the same time in women with more severe obstetric history demonstrates the diagnostic value of the determination of different groups of APA.

#### P0524

##### PREVALENCE OF LOW BIRTH WEIGHT BABIES AMONG THE OBSTETRIC POPULATION FROM MALAYSIAN TERTIARY HOSPITALS: A CROSS SECTIONAL STUDY FROM THE NATIONAL OBSTETRICS REGISTRY, MALAYSIA

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**Objectives:** Birth weight (BW) is an important determinant of child survival. Low birth weight (LBW) was defined by WHO as BW <2500g. Very low birth weight (VLBW) is weight <1500g and extremely low birth weight (ELBW) is BW <1000g. Global data on LBW shows that it is highest in South Asian region. This study was to look at prevalence and risk factors for LBW among the obstetric population in Malaysian tertiary hospitals and what possible measures are to be taken to reduce the incidence of LBW.

**Method:** This is a retrospective cohort study using data from the National Obstetrics Registry (NOR). NOR is a clinical data base that compiles obstetric data from 14 tertiary hospitals in Peninsular Malaysia and East Malaysia. All babies with BW <2500g were included. The study period was from 1st January 2011 to 31st Dec 2012. Variables analysed were maternal demographic characters, income as well as clinical variables analysed. The analysis was performed using STATA statistical software. Descriptive statistics was obtained initially followed by multinomial regression to explore odd ratio of risk of LBW.  $P$  value <0.001 was taken as significant.

**Results:** There were a total of 260,959 deliveries captured in NOR during the study period. 82.1% (n=214,344) babies weighed more than 2500g. The prevalence of LBW was 16.6% (n=43,402) of which 6.7% (n=2889) were VLBW and 5.6% (n=2433) were having ELBW. 1.3% (n=3313) were excluded from study due to unknown BW. Women aged 10–19 years had a higher risk of LBW (Crude odd ratio (OR) 1.72 (1.64, 1.80)  $p < 0.001$ ) VLBW (OR 2.12 (1.85, 2.44)  $P < 0.001$ ) and ELBW (OR 1.82 (1.55, 2.14)  $P < 0.001$ ). Other factors that contributed to LBW were ethnicity, primigravida, income, BMI, smoking, marital status, anaemia, preeclampsia, prematurity and IUGR.

**Conclusions:** LBW indirectly measures the health of mother and child. Risk of Caesarean Section as mode of delivery was high in this study. We also see first time mothers with LBW babies. Educating women on importance of antenatal care, advice on quitting smoking and educating adolescents to delay child bearing by knowing their reproductive and sexual rights is an important measure to minimize LBW. Efforts must be made to improve maternal nutritional status particularly anaemia and management of high risk pregnancies. There were insufficient numbers to conclude if multiple pregnancies, alcohol and drug abuse as variables leading to LBW.