

P0592**OBSTETRICAL RESULTS IN NULLIPAROUS WOMEN WITH A SINGLE CEPHALIC PREGNANCY AT > 37 WEEKS GESTATION FROM 44 SWEDISH HOSPITALS**

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Objectives: To study the variation in obstetrical outcome in all Swedish delivery ward in 2014.

The most important group if you want to minimize the Caesarean section (CS) rate is nulliparous women with a single cephalic pregnancy at > 37 weeks gestation. We wanted to study the variation in section rate among these women.

Method: National results were collected from all Swedish delivery wards (except Växjö and Karlstad due to problems to get data from the database). Data was imported from the database that is automatically created at each delivery.

Results: The variation in CS rate in nulliparous women with a single cephalic pregnancy at term was from 7% (Linköping) to 23% (Danderyd, Stockholm). The difference in CS rate in this group was significant OR=3.0 (95% CI: 2.4, 3.8).

The induction rate in nulliparous women with a single cephalic pregnancy at term varied between 9% (Karlskoga), 12% (Norrköping) and 28% (Karolinska University Hospital Solna, Stockholm). The CS rate was raised in inductions compared to spontaneous start of labour. Calculating on all the 44 hospitals there was a raised risk for a CS after induction of labour, OR=3.3 (95% CI: 3.1, 3.5).

Conclusions: Huge variation in Swedish hospitals in CS rate in nulliparous women with a single cephalic pregnancy at > 37 weeks gestation. To continuously monitor the results in the obstetrical wards and that the hospitals with improvement opportunities are interested in focusing on continuous quality improvement is vital for keeping a high standard in obstetrics.

Reducing unwarranted practice variation is important where it influences health outcomes, health care costs, and provision of appropriate and patient focused care.

P0593**A RARE CASE OF BILATERAL ECTOPIC PREGNANCY AND DIFFERENTIAL DIAGNOSIS OF GESTATIONAL TROPHOBLASTIC DISEASE**

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Objectives: Bilateral ectopic pregnancy is a rare condition and is divided in two subgroups, primary and secondary, based on history of assisted reproductive technology.

Method: A 30 year old primigravid woman with history of infertility and ovulation induction presented to a hospital in Sainte Justine Hospital a Montreal in year 2015. She had vaginal bleeding, abdominal pain and ultrasound findings suggested early pregnancy. Due to high titer of β -HCG, gestational trophoblastic disease was proposed and D8C was done in referral and admission to gynecology ward in Tehran.

Results: Repeat sonography suggested ectopic pregnancy in left side and repeat β -HCG level showed an increase of 19435 mIU/ml. Laparotomy findings revealed bilateral ampullary ectopic pregnancy. Bilateral salpingostomy followed by one course of methotrexate was prescribed.

Conclusions: Bilateral ectopic gestation should be considered as a rare differential diagnosis for ectopic pregnancy. In this study, bigger size and rupture in left side was observed.

P0594**OXYTOCIN AUGMENTATION OF SPONTANEOUS LABOUR: IT IS A BENEFICIAL AND A SAFE INTERVENTION?**

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Objectives: Oxytocin is the most commonly used medication in obstetrics. Although it has proven advantages in induction of labour, the benefits in augmentation of spontaneous labour has been less convincing.

Current evidence suggest that it shortens the duration of labour; but this has not resulted in an increase in successful vaginal deliveries as generally perceived. It remains a common obstetric intervention which may have significant maternal and fetal implications.

The objective of this study is to evaluate the maternal and fetal outcomes following oxytocin augmentation of patients in spontaneous labour.

Method: This is a retrospective cohort study. The study period was from 1st January 2010 till 31st December 2012 and 108,977 patients in spontaneous labour were studied.

Specific variables were extracted from the National Obstetric Registry of Malaysia (NOR), from all the fourteen participating tertiary hospitals in Malaysia, which totalled to 399,274 patients.

The analyses were performed with Stata Statistical Software: Release 11. Simple logistic regression analysis were used to calculate the crude odds ratio for caesarean section, fetal compromise, instrumental deliveries, primary postpartum haemorrhage, poor Apgar score, birth asphyxia, meconium aspiration syndrome, shoulder dystocia and perineal tears.

Results: Oxytocin augmentation of spontaneous labour did not result in an increase in successful vaginal deliveries. Conversely, the risk of caesarean section was increased, with a crude OR (95% CI) of 1.89 (1.80–1.99) $p < 0.001$, which is likely to be performed for fetal heart rate abnormalities, crude OR 2.19 (2.06–2.32) $p < 0.001$. However, this was not associated with poor Apgar Scores or birth asphyxia.

Oxytocin use was also associated with an increase in maternal complications such as instrumental deliveries, crude OR 3.02 (2.77–3.29) $p < 0.001$, post-partum haemorrhage, crude OR 2.00 (1.53–2.63) $p < 0.001$ and shoulder dystocia, crude OR 2.95 (2.04–4.28) $p < 0.001$.

Conclusions: Oxytocin augmentation of spontaneous labour is an intervention with significant maternal complications; without improving the rates of a successful vaginal delivery. It is associated with an increase in caesarean sections, instrumental deliveries, shoulder dystocia and post-partum haemorrhage.

Interventions with liberal use of oxytocin augmentation should be reviewed and used cautiously, especially if the labour progress is abnormal as the essence of modern obstetric management is to achieve a safe delivery.

P0595**FOLEY'S NO 16 CATHETER INTRAUTERINE PLACEMENT FOR CONTROLLING POST PARTUM HAEMORRHAGE (PPH) FOLLOWING ELECTIVE CAESAREAN SECTION**

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Objectives: To introduce a simple and cost effective method to control PPH following elective caesarean section in primary care set up with readily available foley's catheter which can be introduced intrauterine at patient's bed side without need of anaesthesia even by nurses.

Method: 105 patients treated at Sanjeevani Hospital, Kolkata India, between June 2012 and June 2014 with PPH following elective cae-