P096 PREGNANCY OUTCOMES IN WOMEN ATTENDING A JOINT OBSTETRIC AND RHEUMATOLOGY CLINIC IN A TERTIARY CENTRE OVER A 2-YEAR PERIOD

Trixie David1,2, Ryan Malcolm Hum1, Yen June Lau1, Sue Thornber3,4, Louise Simcox5, Ian N Bruce1,5, Clare Tower1,4 and Pauline Ho1,5
1The Kelgren Centre for Rheumatology, Manchester Royal Infirmary, Manchester University NHS Foundation Trust, Manchester, UNITED KINGDOM, 2NIHR Manchester Biomedical Research Centre, The University of Manchester, Manchester, UNITED KINGDOM, 3Saint Mary's Hospital, Manchester University NHS Foundation Trust, Manchester, UNITED KINGDOM, 4*Maternal and Foetal Health Research Centre, The University of Manchester, Manchester, UNITED KINGDOM, 5Centre for Epidemiology Versus Arthritis, Centre for Musculoskeletal Research, The University of Manchester, Manchester, UNITED KINGDOM

Background/Aims
The Lupus in Pregnancy Scanning (LIPS) clinic, a joint obstetrics and rheumatology clinic was established in 2010 at Saint Mary’s Hospital, Manchester, UK for women with systemic lupus erythematosus (SLE) and other complex rheumatological conditions. We aimed to describe pregnancy outcomes of women attending this clinic to establish a baseline for future changes aimed at improving the service.

Methods
Data were collected retrospectively from electronic records of patients who attended the LIPS clinic at least once between 1st January 2018 and 31st December 2019.

Results
Pregnancy outcomes were available in 105/125 (84%) women (Table). The median age [inter-quartile range] was 30.6 years [IQR 27.7 - 33.6] and 40 (38%) were of non-Caucasian background. Sixty-one (58%) had a connective tissue disease (CTD) of whom 36 (59%) had SLE. Other rheumatological diagnoses included inflammatory arthritides, primary anti-phospholipid syndrome (APS) and systemic vasculitis. Anti-Ro was found in 32 (51%) and anti-phospholipid antibodies in 25 (24%). During pregnancy, 65 (62%) received aspirin and 40 (38%) had low molecular weight heparin (LMWH). In the antenatal period, 43 (41%) took steroids, 52 (50%) had conventional disease modifying anti-rheumatic drugs and 8 (8%) received biologics. Active disease in the antenatal period was noted in 14 (13%) women. Regarding pregnancy outcomes (Table), still-births were low (0.95%). The rate of...
C-sections (45%) and assisted deliveries (19.6%) was comparable to previously published data from similar clinics.

**TABLE 1: Pregnancy outcomes over a 2-year period in women attending the LIPS clinic at St. Mary’s Hospital**

| Pregnancy Outcome          | n (%)   |
|----------------------------|---------|
| Miscarriage                | 3 (2.9) |
| Deliveries                |         |
| Live                       | 101 (96.2) |
| Still-birth                | 1 (0.95)  |
| Median Gestation (weeks) [inter-quartile range (IQR)] | 38 [37 - 39] |
| Sex of Neonate            |         |
| Female                     | 67 (66)  |
| Male                       | 45 (44)  |
| Mode of Delivery           |         |
| Normal vaginal             | 36 (35.3) |
| Assisted                   | 20 (19.6) |
| Elective Caesarean Section | 15 (14.7) |
| Emergency Caesarean Section| 31 (30.4) |
| Median Neonatal Birth Weight (grams) [IQR] | 3137 [2724 - 3428] |
| Low Birth Weight <2500g    | 15 (15)  |
| Maternal Complications (Antenatal and Peri-Partum) |         |
| Infection                  | 22 (22)  |
| Pre-Eclampsia              | 1 (1)    |
| Post-Partum Haemorrhage    | 56 (55)  |
| Neonatal Intensive Care Admission | 7 (7)  |
| Neonatal Complications     |         |
| Sepsis                     | 1 (1)    |
| Congenital Heart Block     | 0 (0)    |
| Prematurity (<36 weeks)    | 39 (38)  |

**Conclusion**

In this cohort we report a high live birth rate and comparable rates of assisted delivery to similar cohorts. Infection and post-partum haemorrhage are maternal complications that are common, and reflect the complex clinical presentations and therapeutic regimes in these conditions. Overall this specialist clinic achieves favourable maternal and foetal outcomes in this high-risk population.

**Disclosure**

T. David: None. R. Hum: None. Y. Lau: None. S. Thornber: None. L. Simcox: None. I. Bruce: None. C. Tower: None. P. Ho: None.