



Figure 1: The frequency (always, sometimes, or never) with which survey respondents said they discussed certain sequelae of HLHS during initial fetal counseling.

108 3D ultrasound: the best view of placenta accreta

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OBJECTIVE: Morbidly adherent placenta (MAP)/Placenta accreta is an ever increasing pregnancy complication associated with significant maternal morbidity and mortality. The incidence continues to rise concomitantly with increasing cesarean and repeat cesarean delivery rates. Unrecognized MAP is associated with worsening maternal / fetal morbidity and higher rates of mortality. Optimal management of women with placenta accreta requires accurate prenatal diagnosis to minimize these complications. We sought to compare 2D ultrasound (US), 3D US/ Power Doppler, and MRI as effective screening strategies.

STUDY DESIGN: IRB approved cohort study from a single institution January 2013 - June 2014. 25 Patients undergoing cesarean hysterectomy were identified and their pathology reports were examined to confirm the MAP diagnosis. 2D US, 3D US and MRI findings were reviewed and compared to the pathology results to determine sensitivity, specificity, positive predictive and negative predictive values of each of the screening modalities.

RESULTS: 25 cesarean hysterectomies performed in the study period. 19 MAP cases were confirmed by pathology. See table.

CONCLUSION: Ultrasound remains the superior screening tool for MAP. Use of 3D US increases the positive predictive value of the diagnosis without decreasing the sensitivity of screening for MAP. MRI is an inferior screening test due to higher costs and poor specificity. We believe the addition of 3D ultrasound in the screening for MAP may prevent false positive diagnosis which could lead to unnecessary cesarean hysterectomy and iatrogenic preterm deliveries.

Screening results: 2D US, 3D US, MRI

| | 2D Ultrasound | 3D Ultrasound | MRI |
|----------------------------------|-----------------------------------|-------------------------------------|-----------------------------------|
| Sensitivity | 94.74% 95% CI: 73.90% - 99.12% | 94.74% 95% CI: 73.90% - 99.12% | 78.95% 95% CI: 54.43% - 93.82% |
| Specificity | 50.00% 95% CI: 12.42% - 87.58% | 100% 95% CI: 54.05% - 100% | 16.67% 95% CI: 2.76% - 63.90% |
| Positive Likelihood Ratio | 1.89 95% CI: 0.85 - 4.25 | | 0.95 95% CI: 0.62 - 1.45 |
| Negative Likelihood Ratio | 0.11 95% CI: 0.01 - 0.83 | 0.05 95% CI: 0.01 - 0.35 | 1.26 95% CI: 0.17 - 9.24 |
| Disease prevalence | 76.00% 95% CI: 54.87% - 90.58% | 76.00% 95% CI: 54.87% - 90.58% | 76.00% 95% CI: 54.87% - 90.58% |
| Positive Predictive Value | 85.71% 95% CI: 63.63% - 96.78% | 100.00% 95% CI: 81.32% - 100.00% | 75.00% 95% CI: 50.89% - 91.25% |
| Negative Predictive Value | 75.00% 95% CI: 20.34% - 95.88% | 85.71% 95% CI: 42.23% - 97.63% | 20.00% 95% CI: 3.30% - 71.19% |

109 Adolescent pregnancy – teenager’s perspective

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OBJECTIVE: To evaluate teenager’s perspective on their pregnancy; its impact on their social and educational life, family involvement or support, awareness and willingness to use available contraceptive choices.

STUDY DESIGN: IRB approved questionnaire-based study. All questionnaires were anonymous and were provided in either English or Spanish. Subjects included any pregnant adolescent above 24 weeks gestation seeking care at the Bronx Lebanon Hospital, New York.

RESULTS: 156 questionnaires were completed. 77.6% (121) subjects were Hispanic, 19.2% (30) were African-American and the rest were of other races. 38.5% (60) were aged 19, 32.1% (50) were 18, 16% (25) were 17 and 13.5% (21) were less than 17 years old. 54.5% (85) of subjects were still in school, out of which 98.9% (84) believed their pregnancy will not impact their education. In 84.6% (132) cases, father of baby was involved in the relationship; while in 15.4% (24) they were not. 41.7% (65) of subjects were aware of all birth control methods but did not want to use any, 7% (11) declined being aware of any methods. 73.7% (115) subjects admitted talking to a care provider regarding the contraceptive choices available. 78.2% (122) of pregnancies were unplanned. Of these, 70.5% (84) subjects did not use any birth control, 28.6%(35) used short acting birth control and 2.4% (3) used long acting birth control. Post delivery 39.6% (61) subjects considered short acting birth control choices, while 27.9% (43) opted for long acting methods. Only 3.8% (6) subjects were planning on getting a job for financial support while the rest were dependent on others or government aid.

CONCLUSION: Teenagers are aware of contraceptive choices but do not want to use them. We need to formulate methods to increase their appreciation of contraception and educate teens on the impact of adolescent pregnancy on various aspects of adult life. This should include emphasis on financial independence instead of relying on others for care of their baby.

110 Preterm premature rupture of membranes (PPROM) after fetoscopic laser surgery (FLS) for twin-twin transfusion syndrome (TTTS): risk factors and outcomes

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OBJECTIVE: FLS has increased perinatal survival for TTTS, but PPROM remains the main complication of the procedure. The natural history of PPROM after FLS and the associated factors have yet to be studied. Our objective was to determine the risk factors and outcomes of PPROM after FLS.