Conclusion: Majority of the mothers are satisfied with the quality of services provided by the ward. Development of a changing room, visitor's area, spacious labour room and a dining room, establishment of the ultrasound facilities in the ward and then reassessment will enhance the quality of service further.

OP 6: Impact of maternal pre-pregnancy Body Mass Index and associated factors, on birth weight of the baby in De Soysa Hospital for Women.

Wijenayaka WAHK[1], Wijayabandara MDMS[1], Wickramasinghe AR[1], Tillekeratne LSC[1], Gooneratne LV[2]

1Faculty of Medicine, University of Colombo, Sri Lanka.

2Department of Pathology, Faculty of Medicine, University of Colombo, Sri Lanka.

Objectives: This study aims to describe factors associated with pre-pregnancy Body Mass Index (BMI) among primi-mothers and to describe the association between pre-pregnancy BMI and birth weight of the baby.

Method: A descriptive cross-sectional study was carried out at the De Soysa Hospital for Women, Colombo in July and August 2013. 110 primi-mothers admitted for confinement, were recruited to the study according to the inclusion and exclusion criteria. The data was collected using an interviewer administered questionnaire. Four BMI categories were used according to the Asian BMI cut-off values to calculate the frequency percentages. One-way ANOVA and Tukey post hoc tests were used to analyse the results.

Results: Response rate was 100% (n=110), and contained mothers in all four BMI categories including underweight (19.1%), normal weight (36.4%), overweight (33.6%), and obese (10.9%). Underweight mothers had a significantly high number of underweight babies (47.6%; p=0.05). Other BMI categories did not show a statistically significant association with the birth weights of the babies. There was no statistically significant association between maternal age, monthly family income, or knowledge about the concept of BMI with maternal pre-pregnancy BMI or birth weight of the baby.

Conclusions: Low birth weight babies were significantly high in underweight mothers. Pre-pregnancy planning and correction of maternal BMI is important for a healthy baby.

OP 7: Intracervicalfoley catheter for 24 hours vs three doses of oral misoprostol for preinduction cervical ripening in post dated pregnancies: a randomised controlled trial.

Somirathne D, Goonewardene M

Academic Obstetric Unit, Teaching Hospital, Mahamodara, Galle, Sri Lanka.

Objective: To determine the effectiveness and safety of three doses of oral misoprostol 50micrograms given four hourly vs. insertion of an intra cervical foley catheter for 24 hours, in causing preinductioncervical ripening.

Method: An investigator blinded, Randomized Controlled Trial. Consecutive women (n=180)with singleton uncomplicated pregnancies having Modified Bishop Score (MBS)<5at 40weeks + 6days gestation were allocated by a stratified (primip/ multip) block randomization technique to receive either three doses of oral misoprostol 50micrograms given four hourly or the insertion of an intra cervical Foley catheter for 24 hours. The MBS was reassessed at 41 weeks gestation and If MBS > 7, IOL was carried out with Amniotomy and intravenous oxytocin infusion. If MBS<7, cross over therapy was carried out (intracervical Foley catheter for Misoprostol group and vaginal prostaglandin E2 for Foley group).

Results: At the commencement of the study there were no significant differences in parity,mean age, body mass index and MBS in between the two groups. Among the primips a greater proportion in the misoprostol group established spontaneous on set of labour (SOL) compared to the Foley group(28%vs 6%,p<0.01). Similarly, among the Multips a greater proportion in the misoprostol group established SOL compared to Foley group (42%vs 16%,p<0.01). Among the Multips the mean increase of MBS was greater (p<0.05) in the Misoprostol group compared to the Foley group. One primip and two Multips developed hyperstimulation after Misoprostol therapy. There were no significant differences in the other maternal and perinatal outcomes.

Conclusion: Compared to the insertion of an intra cervical Foley catheter for 24 hours ,three doses of oral misoprostol 50micrograms given four hourly is effective and safe for preinduction cervical ripening.

OP 8: Noninvasive prenatal testing (NIPT) in Sri Lanka – clinical experience: 100 clinical samples

Padeniya AGPM[1,2], Dias T[1,2], Rathnayake H[3], Gunathilaka PK[2]

1: Fetal Medicine Unit, Nine Wells Care hospital, Kirimandala Mawatha, Colombo 05, Sri Lanka.

2: Faculty of Medicine, University of Kelaniya, Sri Lanka.

3: Life Plus, Battalamulla, Sri Lanka.

Introduction: Noninvasive prenatal testing (NIPT) is the most advanced screening technique for the detection of fetal chromosomal aneuploidies. As of 2014, NIPT has developed to detect aneuploidies in chromosome number 13, 16, 18, 21, 22, X and Y allowing it to detect most frequently observed chromosomal aneuploidies. The aim of this study was to describe the pattern of NIPT use in Sri Lanka.

Method: A retrospective cohort study was carried out from June 2014 to July 2015. Sample data provided by the clinician was collected and reviewed to determine the characteristics of this patient population.

Results: Total of 100 maternal blood samples have been sent for NIPT from Sri Lanka. Most patients undergo NIPT testing at an average of 14 weeks, 3 days gestation; and average 36 years of age. The average risks for trisomy 21, 18 and 13 after NIPT were 1/151598, 1/939662 and 1/544316 respectively. Of the 100 samples, one sex chromosomal aneuploidy; XXY was detected following NIPT. There were no NIPT positivity reported for trisomy 13, 18 and 21.

Conclusion: NIPT allows women to avoid invasive procedures to confirm low sensitive screening results. However NIPT is not a diagnostic test and the abnormal results need to be confirmed by an invasive test.

OP 9: Sri Lankan birth weight centiles and neonatal outcome.

Dias T[1], Weeraddana P.R[1], Padumadasa S[1], Jayawardena GRMUGP[2], Gunarathna SMSG[2], Kajendran J[2]

1 Department of Gynaecology and Obstetrics, Faculty of medicine, University of Kelaniya, Sri Lanka.