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PTU-056 PREGNANCY OUTCOMES IN PATIENTS WITH CROHN'S DISEASE: LESSONS FROM AUDIT IN A SPECIALIST IBD CLINIC

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Introduction Crohn's disease (CD) affects mainly people in their reproductive years. Concerns regarding family planning are the impact of CD on fertility and course of pregnancy,transmission to the offspring,issues concerning drug safety,mode of delivery and congenital anomalies. Published data is reassuring but awareness of outcomes locally can provide data regarding possible additional benefit from specialist obstetric medicine service.

Methods Pregnant patients with CD were identified through the Electronic Patient Record System. Data were collected from October 2008-November 2012.Further information on outcomes was gathered from individual consultation with patients.

Results 80 pregnancies in 57 patients with CD were identified.10 patients currently pregnant,9 patients(13 pregnancies) with incomplete data were excluded.Therefore,pregnancy outcomes of 57 pregnancies/38 patients (mean age: 30.7 years) were analysed. 31/38(82%) of patients had luminal disease,7/38(18%) perianal disease.36/38(95%) conceived naturally,1/38(2.5%) by assisted reproduction,1/38(2.5%) by IVF.25/57(44%) pregnancies were on no treatment in early pregnancy, 4/57(7%) on biologics [Infliximab 3/4(75%),Adalimumab1/4(25%)],6/57(10%) on biologics+thiopurines(TPN),6/57(10%) on TPN,6/57(10%) on TPN+5-ASA,7/57(12%) on 5-ASA,2/57(3.5%) on steroids and 1/57(1.7%) on elemental diet.15/57(26%) pregnancies had flares,of which 5/15(33%) continued throughout pregnancy.5/15(33%) occurred in the 1st trimester,4/15(27%) in the 2nd, 1/15(7%) in the 3rd. Of all pregnancies with flares,9/15(60%) were on no CD therapy. The mean week of delivery was 39.5 weeks (36–42).32/46(70%) of deliveries were vaginal and 14/46(30%) by Caesarian section (CS). Of CS,8/14(57%) were planned due to perianal disease 5/8(63%) or obstetric indication 3/8(37%).Pregnancy outcomes were:live births 46/57(81%), miscarriages 10/57(17%), termination 1/57(2%). The mean birth weight (BW) of the newborns was 3 kg (1.9 kg–5.1 kg). 4/46(11%) of the babies were of low BW (<2.5kg). Neonatal issues were recorded in 5/46(11%); 1 diabetes mellitus,2 cardiac anomalies,1 with viral infection at 8 days, 1 cot death. Of the miscarriages, 5/10(50%) were on no CD therapy and 4/10(40%) flared in early pregnancy. The termination was due to use of medication unrelated to CD that could potentially cause congenital anomalies.

Conclusion The number of pregnancies in a specialist IBD clinic is high up to 20/year in this series highlighting a potential additional service need.A specialist obstetric medicine service can provide reassurance regarding safety of drugs in pregnancy,which in turn may reduce flare rates and result in good pregnancy outcomes. Observed outcomes did not fall outside that expected from larger reported series.

Disclosure of Interest None Declared

PTU-057 POINT-OF-CONTACT FAECAL CALPROTECTIN (FC) TESTING IN DIARRHOEA HELPS DECISION MAKING FOR REFERRAL TO GASTROENTEROLOGISTS: A PRIMARY CARE PILOT STUDY IN NORTH EAST ENGLAND

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Introduction Faecal Calprotectin (FC) is a cytosolic protein belonging to the S-100 family of calcium binding proteins found in neutrophils. It is excreted in the intestinal lumen in inflammatory conditions of the gut and can be used to distinguish irritable bowel syndrome (IBS) from other inflammatory bowel conditions such as colitis, diverticulosis, etc. Point-of-contact qualitative FC tests are now available and can be used in primary care to aid decision making for referrals to gastroenterologists for young patients presenting with chronic diarrhoea.

Methods Aims To assess the feasibility and cost effectiveness of a primary care Pathway using a point-of-contact FC Test (Caldetect®) to aid decision making for referrals to gastroenterology in young patients presenting to their primary physicians with chronic diarrhoea. **Methods:** Primary Care data indicated that approximately 253 referrals are made annually to gastroenterologists from Primary Care to assess patients < 60years presenting with diarrhoea, costing