well-designed trials are required, reporting long-term follow-up of infants to allow assessment of neurosensory disabilities, including cerebral palsy.

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A QUALITATIVE STUDY OF WOMEN’S VIEWS ON DIAGNOSIS AND MANAGEMENT FOR BORDERLINE GESTATIONAL DIABETES
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Background: Lifestyle intervention has been found to be beneficial for women with gestational hyperglycaemia. This qualitative study aimed to explore women’s experiences after being diagnosed with borderline gestational diabetes mellitus (bGDM), their attitudes about treatment for bGDM, and factors important in achieving any lifestyle changes.

Method: We conducted semi-structured, face-to-face interviews with women involved in the IDEAL trial that is investigating dietary and lifestyle advice for women with bGDM. Interviews were transcribed verbatim and data were analysed thematically.

Results: A total of 22 women were interviewed. After a diagnosis of bGDM, 14 (64%) women reported not being concerned or worried. Most women (n = 21) thought bGDM treatment was very important or important and one woman was unsure. Most women (18: 82%) planned to improve their diet and/or exercise to manage their bGDM and four women (18%) planned no changes. The enablers and barriers for achieving the intended lifestyle changes were highly individualised. The most frequently mentioned enabler was being more motivated to make lifestyle changes to improve the health of their baby and/or themselves (14: 78%) and the most frequent barrier was tiredness and/or being physically unwell (11: 61%).

Conclusions: A diagnosis of bGDM caused some concern to one third of women interviewed. The majority of women believed managing their bGDM was important and they planned to improve their lifestyle. Although women nominated many different factors that might influence their lifestyle-style choices, their own and their baby’s future health is a powerful motivator for change.

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A REVIEW OF THE MATERNITY CARE RECEIVED BY WOMEN PRESENTING WITH DECREASED FETAL MOVEMENTS
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Background: Decreased fetal movements (DFM) are associated with adverse outcomes and the Australian and New Zealand Stillbirth Alliance (ANZSA) have developed clinical practice guidelines for the management of women who report DFM.

Method: A medical records review of women presenting to Barwon Health, Victoria, with DFM between 1 April 2010 and May 31 2012 was conducted to describe the characteristics of women presenting with DFM, the alignment of practice with ANZSA guidelines and birth outcomes.

Results: The records of 146 women presenting with DFM were reviewed. Thirty (20.5%) were re-presented with DFM between 2–6 times (median 2). Women presented between 28–41 weeks (median 36 weeks). Complications were present in 88 (60.3%) women, including 11 (7.5%) with gestational diabetes, 42 (28.1%) with a BMI ≥ 30, 11 (7.5%) with hypertension disorder and 8 fetuses (5.5%) were growth restricted.

Management was consistent with the guidelines for CTG which was performed for 141 (96.6%) and ultrasound biometry for 89 (61%) (recommended only if concerned after clinical assessment). The median time to review was 105 minutes however, 26 (17%) women were seen more than 2 hours after arrival (less than 120 minutes recommended) and fundal height was measured in only 81 (55.5%) women. Investigations were more likely to be conducted were the woman re-presented with DFM. There were four fetal deaths detected on initial presentation with DFM. Other outcomes included preterm births (n = 3), Agars <7 at 5 minutes (n = 11) and admissions to SCN (n = 13).

Conclusions: In this high risk population increased awareness of the ANZSA guidelines may increase alignment of practice with the guidelines and improve pregnancy outcomes.