

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

Han S, Bubner T, Middleton PF, Crowther CA

ARCH: Australian Research Centre for Health of Women and Babies, The Robinson Institute, The University of Adelaide, North Adelaide, Australia Email: shan.han@adelaide.edu.au

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 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

Dillon PL^{1,2,4}, Nagle C², Flenady V^{3,4}

¹Barwon Health, Geelong, Australia, ²Deakin University, Geelong, Australia, ³Mater Medical Research Institute, Brisbane, Australia, ⁴The Australian and New Zealand Stillbirth Alliance, Brisbane, Australia Email: cate.nagle@deakin.edu.au

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%) 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), Apgars <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.

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EXPLORING THE EXPERIENCE AND PRACTICES OF MIDWIVES DISCUSSING DECREASED FETAL MOVEMENTS WITH WOMEN IN PREGNANCY

Dillon PL^{1,2,4}, Nagle C², Flenady V^{3,4}

¹Barwon Health, Geelong, Australia, ²Deakin University, Geelong, Australia, ³Mater Medical Research Institute, Brisbane, Australia, ⁴The Australian and New Zealand Stillbirth Alliance, Brisbane, Australia Email: cate.nagle@deakin.edu.au

Background: Australian and New Zealand Stillbirth Alliance (ANZSA) clinical practice guidelines recommend that all women are given verbal and written information on normal fetal movements and made aware of the importance of reporting decreased fetal movements (DFM). This study explores midwives' knowledge, practice and attitudes regarding communicating to women regarding DFM following guideline implementation.

Method: Between August-September, 2012, a survey was distributed to midwives providing pregnancy care at Barwon Health, Victoria. Items included 5 point Likert scale for agreement with statements and 4 point Likert scale for frequency of practices, open text responses and demographic details.

Results: Response rate was 49% (42/85). Verbal information on normal fetal movements was consistently provided by 14 midwives (33%) and written information by 2 midwives (5%). There was considerable variation regarding the definition of DFM and the advice provided to women experiencing DFM, including to drink cold liquid (n = 22), eat (n = 10) and palpate abdomen (n = 7). Where women reporting DFM 83% (n = 35) midwives agreed women should be seen within 12 hours and 91% (n = 38) agreed women presenting with DFM should have fundal height measured. Midwives advised women concerned about DFM to wait at least 24 hours before review 'some of the time' (n = 42) and 43% (n = 18) agreed with the use of a kick chart (not recommended). Half of the responders (n = 21) were aware of internal guidelines on DFM and 5% (n = 2) for ANZSA guidelines.

Conclusions: Providing women with the recently released ANZSA brochure on decreased fetal movements is recommended to support verbal information. Professional development for midwifery staff may align practice with best evidence and improve pregnancy outcomes.

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ACCURACY OF ENDOTRACHEAL TUBE PLACEMENT IN NEWBORN INFANTS AT DELIVERY

Fang AYW, Casalaz DM, König K

Mercy Hospital for Women, Department of Paediatrics, Melbourne, Australia Email: kkönig@mercy.com.au

Background: Placement of an endotracheal tube (ETT) in newborns at delivery is common neonatal practice. In premature infants, this practice is often followed by administration of surfactant prior to confirmation of ETT position by chest X-ray (CXR). The aim of this audit was to investigate the accuracy of oral and nasal endotracheal intubation of newborn infants at delivery.

Method: Retrospective review of all infants intubated at delivery between 2004 and 2011 at our institution. Position of ETT as per CXR report was