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rate of all three babies was 81%. Overall, the 'take home' rate of three babies was 76%.

Conclusion The rate of preterm delivery in triplets remained unchanged in the last 10-years.

Future directives Advances in neonatal medicine have significantly improved the outcome of preterm babies. This raises the question of whether embryo-reduction carries the same benefits as it may have 10 years ago.

P.FM.67

Routine third trimester ultrasound scans – can Ireland buck the trend?

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Internationally there are conflicting reports on the merits of routine third trimester ultrasound scans (USS) in low risk pregnancies.

This study aimed to assess whether routine USS during the third trimester of pregnancy is a valuable resource in low risk pregnancies in Ireland.

The routine 31 week USS appointments for January–March 2016 were acquired from the Viewpoint Booking System data. Parameters of fetal growth, anomaly and wellbeing were reviewed. Of the initial 507 records reviewed, 491 were included in the final draft. The USS were at a mean of 31.1 weeks of gestation. The mean estimated fetal weight at the time of the scan was 1.8 kg. This resulted in 46 (9.3%) diagnoses of small-for-gestational-age and 89 (18.1%) diagnoses of large for gestational age. Repeat scans were performed on 260 women who did not originally meet requirements for re-scan. Assessment of growth ($n = 150$) was the most common reason documented in these cases.

In addition to estimating fetal weight, useful parameters such as presentation and markers of fetal wellbeing can be assessed at 31 weeks of gestation. In this low risk population while the prevalence of abnormalities is expectedly low, offering a routine third trimester ultrasound scan allows for identification of evolving high risk pregnancies. This can lead to increased intervention rates and underlines the importance of appropriate interpretation of scan findings by qualified ultrasonographers and fetal medicine specialists. This much debated question of validity of third trimester USS requires more robust studies in Ireland and internationally.

P.FM.68

Patients' views of a fetal ultrasound telemedicine service: A mixed methods evaluation study **Lie, M¹; Snaith, V²; Bidmead, E³; Marshall, A³; Robson, SC¹**

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Introduction The aim of this study was to evaluate from the patient's perspective, a new fetal ultrasound telemedicine service to improve prenatal diagnosis and management at a rural district general hospital.

Methods Eligible patients requiring a specialist fetal medicine consultation were referred to a tertiary care centre for inclusion in the study. Women who underwent a telemedicine examination with a consultant guiding an ultra-sonographer and providing specialist counselling via video-conferencing link were approached to complete a structured questionnaire with the option of participating in a semi-structured telephone interview. The questionnaire included a 5-point scale to evaluate patient satisfaction with the consultation. The mixed methods analysis employed SPSS and Atlas.ti software packages.

Results Of the 80 consultations undertaken during the study, 38 new referrals having their first telemedicine consultation were approached; 31 returned survey questionnaires, and 16 interviewed. Survey and interview participants expressed very high satisfaction with the timely service (93.5 percent highly satisfied with quality of care overall), particularly as a result of the reduced travel times and costs. Analysis of the interviews revealed other advantages such as familiarity and continuity of care from staying local and increased confidence through the sharing of expertise, particularly during an anxious time in their pregnancies.

Conclusion A fetal ultrasound telemedicine service was highly acceptable to patients in this rural community, offering them a range of personal benefits as a result of easier access to specialist healthcare.

P.FM.69

Predicting preterm birth in high-risk women with prophylactic intervention in situ: A large prospective series

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Introduction Quantitative fetal fibronectin (qfFN) and cervical length (CL) are reliable predictors of spontaneous preterm birth (sPTB), and can work in synergy. The objective of this study was to establish the extent to which prophylactic intervention (cerclage/progesterone) impacts on the ability of these predictive markers.

Methods This was a planned analysis of a prospectively collected cohort of high-risk asymptomatic women (EQUIPP, Evaluation of Fetal Fibronectin for the Prediction of Preterm Birth) ($n = 2141$). Women were grouped according to intervention, and qfFN and CL measurements from the first visit between 22⁺⁰ to 27⁺⁶ selected.

Our primary outcome was sPTB <34 weeks of gestation; ROC curves were generated and AUC calculated to assess the accuracy of tests with cerclage and/or progesterone.

Results Predictive accuracy of CL and qfFN for the whole cohort was comparable to published data (0.81 (0.76–0.87) and 0.72 (0.64–0.80), respectively).