complications of postpartum haemorrhage (PPH) at Sultan Qaboos University Hospital (SQUH) in Oman, one year study from November 1st 2015 to October 31st 2016. The results of this study will help the clinicians to identify patients at risk and improve the management of these patients to avoid complications.
**Subjects and methods** This study was a cross sectional, retrospective chart review study. It included all patients who delivered at SQUH from November 1st 2015 to October 31st 2016 and diagnosed with primary PPH. Data were collected from delivery registry and hospital information system (HIS) and then analyzed by SPSS® (IBM, New York, USA) software version 23.
**Results** There were 4600 total number of deliveries during the study period. Delivery mode was vaginal delivery in 3822 (83%) and 778 (17%) were delivered by caesarean section. The prevalence of primary PPH in SQUH was 3.6% (166/4600); among vaginal deliveries was 3.3% (126/3822) and among caesarean deliveries was 5.1% (40/778). History of previous caesarean was the most common risk factor in 18.7% of patients and prolonged labor occurred in 6.6% of patients. Regarding the main etiology of PPH, 80.7% of cases were attributed to uterine atony and retained placenta was diagnosed in 23.5% of cases. All patients were managed with administration of uterotonic agents and uterine message. Manual removal of placenta with or without curettage was done in patients diagnosed with retained placenta. The most frequent complication was major PPH; it occurred in 35.5% of patients, blood transfusion was done in 28.3% of patients. There were few cases complicated by fever, hysterectomy and ICU admission.
**Conclusion** The prevalence of PPH in our setting was low most likely due the departmental policy of active management of third stage of labor in addition to appropriate anticipation and management of patients who are at risk of developing PPH. Previous history of caesarean section was the most common risk factor for PPH at our hospital.

## GEP5846
## A retrospective analysis of fully dilated caesarean sections at West Middlesex Hospital

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**Introduction** Fully dilated caesarean sections (FDCS) occur when cervical dilation has reached 10 cm and vaginal birth with or without an attempt at instrumental delivery is not achievable. Having quadrupled in incidence over the last 25 years, they now constitute approximately 2–4% of all deliveries. We assessed FDCS at West Middlesex hospital in London through retrospective analysis of the risk factors and clinical care leading up to the FDCS as well as its impact on the mother and baby.
**Methods** Data were collated onto a specifically designed proforma from 38 of the 52 women (73%) who underwent FDCS between January and June 2017. Demographics, antenatal risk factors and duration of labour were collected. Details of any attempted instrumental delivery, the subsequent caesarean section and post-natal outcomes for mother and baby were analysed. Overall clinical care was assessed including what time the delivery took place, who made the assessment and supervision levels for trainee doctors. Auditable standards were compared with current literature.
**Results** FDCS accounted for 2.2% of all deliveries at West Middlesex hospital (52 out of 2392 deliveries). The overall caesarean section rate was 26.5% while overall instrumental delivery rate was 13.6%. A trial of instrumental delivery was attempted in 50% of cases with high presenting part being the main reason given for not attempting it (10 women). Malposition of the fetal head was the main reason given (84%) for failure of a successful vaginal delivery. Obstetric trainees performed most of the deliveries (35 out of 38). The main maternal complications were abnormal extensions of the uterine incision (34%) and blood loss of greater than 1000 ml (21%). Use of a Fetal Pillow resulted in 50% fewer abnormal extensions and an associated reduction in average total blood loss (680 ml with the pillow versus 865 ml without). However, neither result was statistically significant ($P = 0.18$, $P = 0.17$ respectively). Three babies required admission to the special care baby unit but none of these were deemed to be due to the circumstances of their delivery. 18% of babies (7) were found be macrosomic compared to 10.3% in the general population.
**Conclusion** FDCS rates at West Middlesex hospital in London, and subsequent maternal and fetal outcomes are in keeping with the current rates observed in the medical literature. Consultant presence and supervision for trainee obstetricians was very good. This study provides useful insights into the decision-making process and management of fully dilated caesarean sections.

## GEP5869
## Barbed suture versus vicryl suture for uterine incision repair during a C-section: A randomised, controlled, assessor-blind trial

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**Objective** To compare the short-term outcomes using a two-layer closure technique for uterine incision during a casarean section (CS) with a bidirectional barbed suture (STRATAFIX) versus traditional polyglactin suture (VICRYL).
**Methods** A randomized, controlled, assessor-blind trial, at a university hospital. Sixty women undergoing a CS were randomized for uterine incision closure by STRATAFIX or VICRYL. The primary outcome was the time needed to close the uterine incision and use of additional sutures with respect to incision width and myometrial thickness. The secondary outcomes were: estimated blood loss (EBL), postoperative change in haemoglobin, duration of hospitalization, postoperative pain and complications such as wound infection, endometritis and caesarean incision site hematoma measured by US scan. The analysis was by intention-to-treat.