endometriosis compared to after surgery of a IV stage of endometriosis ($p < 0.05$). From all analysed deliveries 31,25% ended with cesarean section. More deliveries via cesarean section were found after IVF compared to natural conception ($p > 0.05$). A higher frequency of cesarean section was found in women who got pregnant after IV stage endometriosis surgery compared to those after III stage surgery ($p > 0.05$).

Conclusions Women after a surgery of III stage endometriosis have an increased probability of pregnancy complications compared to woman after surgery of IV stage endometriosis. Rate of cesarean section is still increased after a surgery of advanced endometriosis. Cesarean sections are performed more frequently on women after surgery of IV stage endometriosis than after surgery of III stage endometriosis.

120 HOW ELECTRONIC PRESCRIBING BUNDLES IMPROVED PAIN RELIEF PRESCRIBING PRACTICES FOR PATIENTS UNDERGOING ELECTIVE CAESAREAN SECTIONS

J Patch*, V Pattni, S Bell. *Princess Alexandra NHS Trust, Harlow, UK*

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Background and Aims The elective caesarean section (CS) rate in England was 15% in 2019. It is vital to offer adequate pain relief to these patients to improve experience and reduce morbidity. NICE suggests intrathecal/epidural diamorphine for analgesia. If no contraindications, NSAIDs should be offered. RCoA advises that women receiving opioids should have pain scores recorded and anti-emetics and laxatives prescribed.

The prevalence of electronic prescribing in UK hospitals is increasing. These systems can be beneficial in improving patient safety, governance and productivity.

We audited compliance with aforementioned standards and instigated changes to electronic prescribing systems to improve practice.

Methods Data collected prospectively for 26 patients using anaesthetic records, online prescribing charts and pain assessment by questioning patients. Objectives were; 100% women satisfied with analgesia day 1 post CS; 100% women receive intrathecal/epidural opioids with regional anaesthetic; Unless contraindicated, 100% women prescribed NSAIDs; 100% women prescribed anti-emetics and laxatives PRN.

The cycle was repeated with 15 patients following alteration of prescribing bundles to include recommend medications. **Results** Initially, 100% of patients given intrathecal opioid. 69% received NSAIDs. 19% prescribed laxatives and 96% prescribed anti-emetics. 100% of women expressed satisfaction with pain relief. After modification, opioid use remained 100%. NSAID use rose to 100%. 80% prescribed laxatives

Treatment Protocol Name	Components	Route	Formulary Status	Drug Notes	Comments
ANALGESIA BUNDLE	MORPHINE 10MG/50ML IN 50ML SAL. SOL.	Oral	Formulary		
ANALGESIA BUNDLE	ONDANSETRON 4MG PO/IV/IM 8 HOURS	Formulary			
ANALGESIA BUNDLE	CYCLOZINE 50MG PO/IV/IM 8 HOURS	Formulary			
ANALGESIA BUNDLE	ENOXAPARIN 200MG/100MG PRE-FIL.	Formulary			
ANALGESIA BUNDLE	GRADUATED COMPRESSION STOCKINGS	Formulary			
ANALGESIA BUNDLE	MORPHINE SULPHATE 10 MG IN 5 ML INJ.	Intravenous Inj.	Formulary		
ANALGESIA BUNDLE	FENTANYL 100 MICROGRAMS IN 2ML INJ.	Intravenous Inj.	Formulary		
ANALGESIA BUNDLE	IBUPROFEN 400 MG TABLETS	Oral	Formulary		
ANALGESIA BUNDLE	ENOXAPARIN 40MG/100MG PRE-FILLED SY.	Formulary			
ANALGESIA BUNDLE	MORPHINE SULPHATE 10 MG IN 5 ML SOL.	Oral	Formulary		
ANALGESIA BUNDLE	CYCLOZINE 50MG PO/IV/IM 8 HOURS	Formulary			
ANALGESIA BUNDLE	ONDANSETRON 4 MG IN 2ML INJECTION	Intravenous Inj.	Formulary		
ANALGESIA BUNDLE	BELOW KNEE GRADUATED COMPRESSION	Device	Formulary		
ANALGESIA BUNDLE	PACICETAMOL 100MG IV/PO 6 HOURS	Formulary			
ANALGESIA BUNDLE	SENAVA 7.5 MG TABLETS	Oral	Formulary		

Abstract 120 Figure 1

and 100% prescribed anti-emetics. Satisfaction remained 100%.

Conclusions Adequate post-operative analgesia is a cornerstone of good anaesthetic practice. Electronic prescribing bundles improved compliance with national standards of recommended analgesia for patients undergoing elective CS.

121 POSTPARTUM POSTDURAL PUNCTURE HEADACHE: WHEN THINGS CAN GO WRONG...

K Theodoraki*, I Siafaka. *Aretaieion University Hospital, National and Kapodistrian University of Athens, Athens, Greece*

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Background and Aims We report a case of cerebral venous sinus thrombosis (CVST) after no obvious dural puncture in a postcesarean section patient

Methods A 32-year old primigravida underwent cesarean section under a combined spinal-epidural. She had a medical history of panic attacks and depression. On the second postpartum day, the parturient developed orthostatic headache which was considered as postdural puncture headache and treated accordingly. Three days postdischarge, the headache returned, having lost its orthostatic component. The parturient however refused to return to hospital for reassessment. Over the next few days, the parturient started behaving strangely and refusing interaction with the newborn. A psychiatrist consulted by the family diagnosed anxiety disorder based on the parturient's previous medical history and suggested anti-anxiety medication.

Results On the seventh postpartum day, the parturient was urgently readmitted to hospital, unable to speak and looking catatonic. Major postpartum depression was diagnosed by the attending psychiatrist and antidepressive medication was initiated. However, on the first readmission night, the parturient developed tonic-clonic seizures and an urgent brain CT-scan revealed multiple left-sided infarcts with haemorrhagic foci. CVST was diagnosed, low-molecular weight heparin was started and the parturient's situation improved dramatically

Conclusions CVST is attributed to cerebral venous dilation and intracranial hypotension in the setting of postpartum hypercoagulability and can have a deleterious outcome if unsuspected and untreated. This case of misdiagnosis emphasizes the need for urgent neurological consultation in the puerperium in case of new or recurrent neurological symptoms. CVST should be considered in the differential diagnosis, especially in case of atypical clinical presentation.

122 EPIDURAL BLOOD PATCH IN THE 3RD TRIMESTER OF PREGNANCY. WHAT ABOUT LABOUR ANALGESIA?

P Rebelo, AS Nogueira, C Pinto*. *Hospital Pedro Hispano, Matosinhos, Portugal*

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Background and Aims Postdural puncture headache (PDPH) is a well-known and common complication of spinal anesthesia which depends upon the characteristics of spinal needle.

Methods We report a blood patch in the 3rd trimester of pregnancy.

Results A 27-year-old healthy women with an history of cervical cerclage at 26 weeks, required a new cervical cerclage at 29 weeks. Spinal anesthetics were performed. In the first surgery a 27G pencil point was used without complications. In the second surgery, 3 attempts were required with a 27G quincke, but as the block failed, general anesthesia was necessary.

Two days after surgery, she developed frontal headache, vomiting, photophobia and noise sensibility that aggravated by orthostatic position. She was afebrile, normotensive and with no neurological deficits. The blood tests were normal except for anemia. Conservative treatment for PDPH was tried with no success and she was offered an epidural blood patch (EBP). The procedure, the risks and benefits were explained. Under aseptic condition the EBP was performed with 20 ml of autologous blood with no complications. The procedure was successful and she was discharged home asymptomatic.

One month later she was admitted with full dilatation. Labor analgesia with epidural was effective. The postoperative course was uneventful.

Conclusions In our case, multiple attempts and the use of a quincke needle increased the risk of PDPH. Even though the time between EBP and the subsequent epidural analgesia was only one month, we speculate that the EBP had no effect on the quality of epidural analgesia.

123 VAGINAL BIRTH AFTER CESAREAN SECTION IN ALBANIA

¹N Ceni*, ¹A Bimbashi, ²R Ceni. ¹Obstetric-Gynecological University Hospital 'Koço Gliozheni', Tirana, Albania; ²Lady of Good Counsel University, Tirana, Albania

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Background and Aims The rate of primary cesarean section (CS) is on the rise. More and more women report with a history of a previous CS. A trial of vaginal delivery can save these women from the risk of repeat CS. The study was conducted to assess the safety and success rate of vaginal birth after CS (VBAC) in selected cases of one previous lower segment CS (LSCS).

Methods This is a prospective study conducted at the Department of Obstetrics and Gynecology, University Hospital 'Koço Gliozheni', Tirana, Albania, in the period 2015–2019. Sixty eight pregnant women with a history of one previous LSCS were enrolled in the study. The study was approved by national Medical Ethics Committee of Albania.

Results In the present study, 92% cases had a successful VBAC and 8% underwent a repeat emergency LSCS for failed trial of vaginal delivery. Cervical dilatation of more than 3cm at the time of admission was a significant factor in favor of a successful VBAC. Birth weight of more than 3,000g was significantly associated with a lower success rate of VBAC ($p < 0.01$). The incidence of fetal distress and uterine rupture was 1.6% respectively in the present study. There was no maternal or neonatal mortality.

Conclusions Trial of VBAC in selected cases has a great importance in the present era of the rising rate of primary CS. Majority of the cases of previous CS done for nonrecurrent indication can be delivered safely by the vaginal route, without any major complication to the mother and the newborn.

124 ANAESTHETIC APPROACH IN PREGNANTS INFECTED WITH COVID-19 IN A TERTIARY MATERNITY

AF Correia*, S Ramos, I Vilhena, I Martins, S Sá, L Melo, I Silva. CHUC, Coimbra, Portugal

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Background and Aims The authors analyse the anaesthetic approach in pregnant infected (PI) with COVID-19 admitted in a tertiary maternity (TM) during 12 months. They report and compare data from three-month period and data from not infected pregnant (NIP).

Methods Descriptive and retrospective observational study, with no need to ethical approval according to local committee. Data from a sample of 2288 pregnant (April 1, 2020 – March 31, 2021). Variables and their associations were analysed with statistical tests using the SPSS tool.

Results 2.8% of pregnant were infected with COVID-19. 11% of these were admitted in the 1st quarter, 2% in 2nd, 29% in 3rd and 58% in 4th.

The anaesthetic approach was, with statistically significant, different between PI and PNI ($p < .001$). Use of neuraxial labour analgesia/anaesthesia in PI increased (42,9% -1st vs 65,8% -4th). General anaesthesia decreased (10,5% -1st vs 5,3% -4th). Comparing deliveries, there was a statistically significant difference ($p = 0.01$): 38% of births were caesarean section (CS) in PI vs 23% in PNI. In PI there was a decrease of 8,7% in CS between the 1st and 4th quarter. The need for emergency surgery (ES) had statistically significant difference ($p = 0.02$), 26.2% of ES in PI vs 15.1% in PNI. In PI there was no statistically significant difference ($p > 0.05$) when comparing the occurrence of ES in the different quarters.

Conclusions An increase of neuraxial labour analgesia/anaesthesia and decrease in GA was verified, despite the higher percentage of ES in PI. This can be related to increase in experience and knowledge, demonstrating that neuraxial techniques are safe/recommended in pregnant infected with COVID-19.

125 CONTENTS OF URIC ACID, VITAMIN D IN THE BLOOD SERUM AND CHARACTERISTICS OF EPIDURAL ANALGESIA FOR LABOR IN PARTURIENT WOMEN WITH PREECLAMPSIA

E Oreshnikov*, S Oreshnikova, E Vasiljeva, T Denisova. Chuvash State University, Cheboksary, Russian Federation

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Background and Aims It is known that more than 40% of pregnant women have a deficiency of vitamin D. In addition to the classic symptoms of preeclampsia, more than a quarter of century, many foreign clinicians as preeclampsia indicator used by the hyperuricemia. We study the relationship of pain in childbirth, characteristics of epidural analgesia in patients with preeclampsia and the level of vitamin D, uric acid in the blood serum.

Methods The study group included patients with severe and moderate preeclampsia, alone have given birth vaginally with epidural analgesia. The control group included patients with physiological pregnancy, independently gave birth vaginally with epidural analgesia. The material of the study was to peripheral blood of pregnant women taken at admission to