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

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10.1136/rapm-2021-ESRA.123

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

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10.1136/rapm-2021-ESRA.124

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

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10.1136/rapm-2021-ESRA.125

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

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the hospital for delivery. VitaminD level was performed by enzyme immunoassay kits. The concentration of uric acid was determined spectrophotometrically.

Results In patients with severe preeclampsia revealed: a pronounced deficiency of vitamin D, a tough hyperuricemia, had higher numbers mean arterial pressure during labor epidural analgesia in the background. The results also gave evidence to suggest that patients with preeclampsia who have previously been registered low levels of vitamin D and an increased concentration of uric acid in the birth have a greater need for a local anesthetic to reduce pain and stabilize blood pressure than patients with higher levels of vitamin D and smaller uric acid.

Conclusions In women with preeclampsia during childbirth epidural analgesia, low levels of vitamin D and hyperuricemia are associated a higher demand for local anesthetics.

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PERSISTENT OPIOID USE AFTER PEDIATRIC FRACTURE TREATMENT

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10.1136/rapm-2021-ESRA.126

Background and Aims The opioid epidemic persists as one of the most critical public health concerns in the United States. In the pediatric population, fractures are among the primary causes for surgical interventions. Therefore, the identification of opioid prescription patterns and potential risk factors for prolonged opioid use is critical.¹

We hypothesized that the numbers of pediatric patients with persistent opioid use after surgery would be significant and that several risk factors driving persistent opioid use could be identified.

Methods A retrospective population-based cohort study was conducted. National claims data from the Truven Health MarketScan database were utilized to 1) characterize opioid prescription patterns, and 2) describe the epidemiology and risk factors for single use as well as persistent use of

Abstract 126 Table 1 Patient characteristics by opioid prescription

	Opioid prescribed after surgery	No opioid prescribed after surgery	Overall	p-value
N (%)	65,331 (21.54)	238,004 (78.46)	303,335	
Age group, n (%)				<.001
0-5 years	6071 (14.0)	37,287 (86.0)	43,358 (14.3)	
6-12 years	19,228 (15.1)	107,972 (84.9)	127,200 (41.9)	
13-18 years	27,697 (26.8)	75,571 (73.2)	103,268 (34.0)	
19-21 years	12,335 (41.8)	17,174 (58.2)	29,509 (9.7)	
Gender, n (%)				<.001
Male	43,862 (23.1)	146,309 (76.9)	190,171 (62.7)	
Female	21,469 (19.0)	91,695 (81.0)	113,164 (37.3)	
Year, n (%)				<.001
2013	22,850 (21.4)	84,089 (78.6)	106,939 (35.3)	
2014	19,921 (19.1)	84,651 (80.9)	104,572 (34.5)	
2015	10,574 (25.3)	31,164 (74.1)	41,738 (13.8)	
2016	8053 (24.9)	24,330 (75.1)	32,383 (10.7)	
2017	8933 (22.0)	13,770 (77.8)	22,703 (5.8)	
Preoperative Opioid utilization				<.001
No opioid filled before surgery	49,725 (18.8)	214,218 (81.2)	263,943 (87)	
Opioid filled only between fracture diagnosis and surgery	8645 (37.6)	14,326 (62.4)	22,971 (7.6)	
Opioid filled before fracture diagnosis	6961 (42.4)	9460 (57.6)	16,421 (5.4)	
Previous anxiolytics medication use, n (%)				<.001
Yes	2772 (42.8)	3700 (57.2)	6472 (2.1)	
No	62,559 (21.1)	234,304 (78.9)	296,863 (97.9)	
Previous antidepressant medication use, n (%)				<.001
Yes	2836 (43.0)	3757 (57.0)	6593 (2.2)	
No	62,495 (21.1)	234,247 (78.9)	296,742 (97.8)	
Days Index, n (%)				<.001
0	56,415 (21.6)	204,731 (78.4)	261,146 (86.1)	
1	8231 (20.8)	31,378 (79.2)	39,609 (13.0)	
2	467 (25.8)	1340 (74.2)	1807 (0.6)	
3+	218 (28.2)	555 (71.8)	773 (0.3)	
Obesity, n (%)				0.005
Yes	1575 (20.6)	6073 (79.4)	7648 (2.5)	
No	63,756 (21.6)	231,931 (78.4)	295,687 (97.5)	
Type of procedure, n (%)				<.001
Closed	42,459 (16.1)	221,241 (83.9)	263,700 (86.9)	
Open	22,872 (57.7)	16,763 (42.3)	39,635 (13.1)	
Place of Procedure, n (%)				<.001
Inpatient	5189 (60.7)	3361 (39.3)	8550 (2.8)	
Outpatient	29,058 (35.8)	52,196 (64.2)	81,254 (26.8)	
ER/Urgent care	11,382 (32.1)	24,021 (67.9)	35,403 (11.7)	
Physician office	11,731 (7.4)	147,082 (92.6)	158,813 (52.4)	
Other	7971 (41.3)	13,342 (58.7)	21,313 (6.4)	
Time from fracture onset to procedure (days), median (IQR)	0 [0, 3]	0 [0, 3]	0 [0, 3]	0.018

opioids among pediatric patients with surgical fracture treatment.

Results Among 303,335 patients, 21.54% received at least 1 opioid prescription within 6 months after surgery, and 1,671 (0.6%) developed persistent opioid use. Risk factors for persistent opioid use included older age, female gender, lower extremity trauma, surgeries of the spine, rib cage or head, closed fracture treatment, earlier surgery years, previous use of opioid, and higher comorbidity burden.

Conclusions Among a cohort of pediatric patients who underwent surgical fracture treatment, 21.5% filled at least 1 opioid prescription, and 0.6% (n=1,671) filled at least one more opioid prescription between 3 to 6 months after surgery. Understanding the risk factors associated with persistent opioid use in pediatric patients is critical for the development of prevention strategies in this patient population.

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