Objectives: Labour induction represents the most frequently conducted interventional procedure to clinical obstetricians. Recently, several studies have shown that induction at term pregnancies could be associated with the maternal and perinatal benefit. The purpose of this study is to critically compare the benefits and risks after labour induction at 39 completed weeks compared to controls expectantly managed.

Methods: We conducted a retrospective, observational study of 215 nulliparous women who was admitted to the delivery room at 39 or more weeks of gestation in uncomplicated vertex singleton gestations with intact membranes. We compared the maternal and neonatal benefits and risks of induction group with spontaneous labour group.

Results: The 215 women were analysed and among them, the 179 patients delivered vaginally (83.3%). Compared with spontaneous labour group, the induction group at 39 or more weeks of gestation had a similar incidence of Caesarean delivery and blood loss during the delivery (19.4% vs. 16.7%, p=0.099, 1.89±1.27 vs 1.73±1.08 mg/dl in the mean decrement of Hemoglobin, p=0.381, respectively). The maternal length of stay was longer in induction group (3.83±1.42 vs. 4.33±1.52 in days, p=0.03). Regarding neonatal outcomes, both groups had similar Apgar score at 1 and 5 min including less than <7 at 5 min and labour induction was not associated with increased NICU admission rate (15.0% vs. 23.2, p=0.184) or neonatal intubation rate (3.3% vs. 5.8%, p=0.463). In spontaneous labour group, the rate of meconium-stained amniotic fluid was higher, however, which was not statistically significant.

Conclusions: This study showed that labour induction at 39 or more weeks of gestations does not increase maternal risks including Caesarean delivery and postpartum blood loss compared to spontaneous labour group. Neonatal adverse events were also comparable outcomes.

It may be acceptable to schedule labour induction a few days prior to EDC even when the indication is only relative.

EP19.03

Accuracy of ultrasound in fetal weight estimation in case of clinical suspected macrosomia

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Objectives: The purpose of this study was:
- To determine major risk factors of macrosomia.
- To evaluate the accuracy of ultrasound in fetal weight estimation near delivery when macrosomia is clinically suspected.
- To correlate biometric features to fetal weight.

Methods: It is a prospective study including 91 patients. All patients presented at the department A of the Maternity Centre of Tunis from January to March 2017; The diagnosis of fetal macrosomia was suspected during the delivery day. We included only pregnancies above 37 weeks of gestation. Clinical risk factors were collected. Ultrasound fetal weight estimations was compared to birth weights (BW) for each patient. Estimated fetal weight (EFW) was calculated using Hadlock formula.

Results: Mean body mass index (BMI) of included patients was 32 kg/m². Gestational diabetes was present in 77.1% of cases. Mean absolute difference between EFW and BW was 260 grammes. Both predicted and real birth weight increased as the BMI increased. Mean absolute percentage error was 5.6 %. The correlation between EFW and BW was R = 0.80. Obesity had negatively influenced ultrasound performance. For the diagnosis of macrosomia, ultrasound has a sensibility of 42.5 %, a specificity of 99.4 %, a NPV of 87.6% and a PPV of 95,3%.

Conclusions: Sonography is highly specific for fetal weight above 4000 grammes when performed by skilled operators. This helps for delivery planning and management. A high BMI seems to affect negatively the accuracy of the estimated ultrasound birth weight, however diabetes status did not influence its accuracy.

EP19.04

Sonographic appearance of the uterus in the early puerperium in vaginal vs Caesarean deliveries: a prospective study

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Objectives: Ultrasound may assist in the diagnosis of postpartum pathologies. However, data are scarce regarding the sonographic appearance of the uterus in the puerperal period, according to mode of delivery, and following third stage of labour abnormalities.

We described uterine sonographic characteristics in early puerperium, following vaginal vs. Caesarean deliveries, and in women with abnormal third stage of labour, compared to uncomplicated vaginal delivery.

Methods: This is a prospective study of women after delivery of singleton, appropriate-for-gestational-age weight, term neonate. Sonographic uterine dimensions (height, length and width), intracavitary thickness and its echogenicity (at level of fundus, mid-cavity and cervix) were recorded at less than and after 24 hours from delivery, and compared between women delivered vaginally and by Caesarean delivery. Among women delivered vaginally, they were analysed according to whether women underwent manual revision of the uterine cavity.

Results: Of the 99 women included in the study, 33 (33%) delivered by Caesarean section. Sonographic evaluations were taken at 13.8 (4.3-24.0) and 39.5 (28.8-108.8) hours after delivery (median range). We found no clinically significant differences in uterine characteristics according to mode of delivery or according to manual revision of the uterine cavity. The sonographic appearance of the uterus was similar when performed at less than or after 24 hours from delivery.

Conclusions: Postpartum sonographic evaluation of the uterus appears similar after vaginal and Caesarean deliveries.

EP19.05

The dynamic changes in upper and lower uterine segment in 3rd stage of labour and blood loss during 3rd stage of labour

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Objectives: The myometrial contraction is an important mechanism to reduce blood loss in 3rd and 4th stage of labour. In this study we evaluated the effect of the dynamic changes in different uterine segments on blood loss in the 3rd stage of labour.

Methods: In a cohort study anterior (AUS) and posterior upper (PUS) and lower (ALS), (PLS) uterine myometrium thickness were measured in the mid region of the upper and lower uterine segment at one minute time intervals by ultrasound in the 3rd stage of labour in 80 term pregnancies and the thickness changes was compared with the amount of blood loss during 3rd stage of labour.

Results: The mean gestational age was 39.17 +/- 0.79 weeks. The mean duration of 3rd stage was 5.65 +/- 2.23 minutes. The mean blood loss in 3rd stage of labour was 371.03 +/- 659.84. The mean