Conclusion: Discordance with hysterectomy assessment was most commonly for women with D&C or frozen section diagnoses of low grade superficial cancers.

0990 Towards achieving millennium development goal number 5: maternal mortality at Thika District Hospital, Kenya. A one year review
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Background: Maternal mortality remains high in the developing countries and especially in the Sub Saharan Africa. Constant reviews will help in elucidating varies causes which in most instance are avoidable. These will help reduce maternal mortality and thus help in the attainment of millennium development goals.

Objective: To review the maternal mortality at Thika district hospital for the year 2006 and to determine characteristics of patients involved.

Design: A descriptive retrospective study.

Setting: Thika district hospital, Kenya.

Subjects: Maternal deaths from 1st January to 31st December 2006.

Main outcome measures: determination of maternal mortality rates of patients who died of pregnancy related causes in the year 2006 from admission up to 6 weeks of delivery. Also determine the patient's social demographics, obstetrics characteristics, causes of death, and modes of delivery and survival of the babies.

Results: During the study period there were 9826 live births and a total of 23 maternal deaths. The maternal mortality ratio was 234 per 100000 life births. Most of the mothers had low education with most having only primary school education and husbands being unemployed. Although most of the patients had attended ANC majority had attended their clinics in dispensaries and health centers. Hemorrhage, HIV related complications and hypertensive diseases were the commonest causes of deaths. Most of the deaths occurred within 24 hours of admission.

Conclusion: Maternal mortality in our setup is still unacceptably high. There is need for critical review of these deaths when they occur in a hospital in order to look for ways of reducing them. Though most deaths in our hospital are directly obstetrical, HIV related deaths are on the increase. There is therefore a need to strengthen emergency obstetrical care as well comprehensive prevention of mother to child programs in all the hospitals. Empowering women and improving the social-economic status of families will go a long way in helping to achieve the millennium development goal number 5.

0991 Improved provider counselling increases earlier uptake of postpartum family planning
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Objective: To evaluate the effectiveness of a strengthened postnatal package on women's fertility and family planning behaviour.

Methods: A pre–post intervention cohort study design was used to measure and compare the reproductive behaviours of a control group – A (n = 173) and experimental group – B (n = 221) of women up to 6 months postpartum, following the introduction of a postnatal package to providers in 4 health facilities in Kenya. This includes 3 targeted assessments within 48 hours of birth, 7 to 14 days and 6 weeks, Pearson's Chi square tests were used to determine differences between groups with a p-value of less than 0.05 as the threshold for significance.

Results: Significantly more (p < 0.001) women in group B: Providers discussed FP (90% vs. 70%); were offered FP since birth (84% vs. 68%); more likely to intend to use FP by 12 months (84% vs. 68%); but less likely to want more children (91% vs. 69%). There was no difference in overall use of FP between the groups at 6 months, but this masks important differences that may be associated with the intervention. Group B: had started FP by 8 weeks (62% vs. 6%); had less unmet need for FP at 6 months (9% vs. 14%); and none were pregnant at 6 months compared to 3% Group A. Only one baby died at 6 months in Group B vs. 9 women in Group A.

Conclusion: Postpartum women are more likely to discuss and be offered FP; and to initiate contraception earlier following the introduction of an improved postnatal package.

0992 Fetomaternal outcome of pregnancy with cardiac disease
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Objective: To study the prevalence of cardiac disease in pregnancy and to assess the fetomaternal outcomes.

Material and Methods: It was a 5 year descriptive study. All pregnant females with a known or newly diagnosed congenital or acquired cardiac lesion on echo cardiography were included in the study.

Results: There were 17,056 births during the study period. 160 were cardiac patients giving a prevalence of 1%. Out of these 36% patients were diagnosed to have cardiac disease during current pregnancy. Acquired valvular heart lesions were found in 132 (82%) of patients with mitral stenosis being the commonest (55%), others were congenital. 43% patients were in class III&IV according to NYHA. Majority delivered vaginally and only 29% had c/s. 9% had therapeutic termination of pregnancy. 45% babies were low birth weight. 10 babies expired. Maternal mortality was low (3.8%), while 55 (35%) had obstetric complications. Poor functional class (III&IV) was the key determinant of adverse fetomaternal outcome (p < 0.0001).

Conclusion: Pregnancy with cardiac disease is a high risk for mother and fetus. The close collaboration between obstetrician, cardiologist and patient has helped in successful management of these patients. This team effort has resulted in achieving low maternal mortality and morbidity. Early checkup especially pre pregnancy counseling and proper medical treatment to improve the functional status of the cardiac patient are also essential in preventing adverse fetomaternal outcome.

0993 Monitoring clinical care with indicators
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Introduction: Quality improvement is not a goal it is a continuous process and requires planning, control and teamwork. Monitoring clinical care with indicators offers an opportunity for improvement in clinical care given to patients. The objective of initiating this program in the department of obstetrics & gynaecology in Khoulia Hospital was to monitor care in an efficient and systematic manner and to match care with the standards that were set. Our aim was to assess the trends and traits of indicators before and after implementation of a specific intervention.

Methodology: Indicators were selected from the American college of Obstetrics and Gynaecology Manual of Obstetric care. Every indicator had a standard against which it was matched. These indicators were presented in the departmental meeting and consensus was obtained regarding implementation of this program. The program was initiated in January 2002 and results till 31 January 2006 will be presented. Avoidable factors were ascertained, guidelines were reviewed and a plan of management was formulated. Main outcome measures were trends of clinical indicators and the affect of educational measures, presentations and discussions on clinical care.

Results: Improvement in clinical care resulted in the following indicators: