report series of 4 cases of termination of pregnancy done on the basis of ultrasound diagnosis of bilateral renal agenesis and ahydramnios during the period of 365 days. We describe interesting epidemiology of two variants of these cases and difficult early prenatal diagnosis in the first trimester anomaly scan which should be the aim to minimize the trauma related to the termination of pregnancy at advanced gestation.

OP28.06
Prenatal diagnosis of nonimmune hydrops fetalis: what do we tell the parents?

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Objectives: The aim of this study is to outline the etiology and outcome of a series of fetuses with non-immune hydrops (NIH), detected prenatally. The findings are compared with a comprehensive review of recent reports.
Methods: This is a retrospective study reviewing all pregnancies complicated by NIH in the fetus and continued after 20 weeks of pregnancy in a single centre over a period of ten years. Outcome was obtained from post-mortem reports, discharge summaries, communication with the clinicians or information from the parents. A literature search was also performed to identify all reports in English language on NIH in the last ten years.
Results: Seventy-one fetuses affected by NIH were included in this study. The etiology of the NIH was identified antenatally in 40 cases. The most common causes of NIH were thoracic disorders, infections and cardiovascular disorders. Follow-up was available in all cases to the point of delivery. Forty-four of the 71 (62%) fetuses were live-born. There were 10 neonatal deaths. Of the remaining thirty-four babies, seventeen (50%) infants survived without morbidity at a mean age of 29 months of follow up. Six were lost to long-term follow up.
Conclusions: The survival rate of non-immune hydrops is at least 48% in this study. Prenatal identification of the cause is possible in 56% of cases, but the cause remains unexplained in 18% of cases even after post-natal investigations. The risk of neurodevelopmental delay in those that survive is 3/34 (9%).

OP28.07
Lethal anomalies in fetuses – the role of perinatal palliative care

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Objectives: To evaluate the epidemiology and parents' decisions after the diagnosis of lethal anomalies.
Methods: Clinical files, fetal echocardiography and ultrasonography results and pregnancy outcome were evaluated.
Results: Between 2002–2009 lethal anomalies were diagnosed in 197 fetuses. 55 parents (30%) opted for termination of pregnancy before 24 WOG: 6-T13,13-T18; 5-triploidy, 2-45,XO/NIHF, 6-other chrom. aberrations, 3-acranius, 6-renal agenesis, 3-Cantrell syndrome, 3-conjoined twin, 4-skeletal dysplasia. 40 fetuses died in utero, 21 (52%) were diagnosed before 24WOG: 4-45, XO, 15-T18, 2-T13, 1-T21, holoprosencephaly, 6-renal agenesis or multicistic kidneys with severe renal failure, 6-complete AV block with CHD. There were 79 live-born neonates (40%). In 22 diagnosis was before 24 WOG (28%). There were: 29-T18, 13-T13, 8-other chrom. aberrations, 7-renal agenesis or multicistic kidneys with severe renal failure, holoprosencephaly-7, other-9, conjoined twins -1, complete AV block with CHB-6. Psychological support was offered. Holistic perinatal palliative care was established for all families who decided to continue pregnancy. All received medical, psychological and religious support .The detailed perinatal care was planning. After discussion between parents and neonatologists the consensus of medical treatment was planned. Just one neonate with T18 was treated in the NICU. 62 died at the neonatal units. 17 were discharged home under the home palliative care. Two of them with T18 still alive.
Conclusions: Termination of pregnancy rate is lower in our country in comparison to many other in Europe. Knowing this, we organized special support for the families when lethal disease was diagnosed prenatally. Moreover, perinatal palliative care is an option for all families, for whom termination of pregnancy is unacceptable. For some of them palliative care consultation can help to make the best decision after the unfavorable diagnosis. Bereavement support is provided for the parents by the professional team.

OP28.08
Clinical significance of sub chorionic hematoma: comparison between diagnosis in the first and second trimester

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Objectives: To investigate pregnancy outcome among pregnant patients with subchorionic hematomas diagnosed during first trimester in comparison to those diagnosed at second trimester.
Methods: Three hundred eleven consecutive singleton pregnancies with subchorionic hematomas examined at the ultrasound unit at the Soroka University Medical Center were included. Two groups were defined. Group 1: patients with subchorionic hematoma diagnosed at first trimester ($n = 193$). Group 2: patients with subchorionic hematoma diagnosed at second trimester ($n = 118$). Exclusion criteria were: multiple pregnancies, congenital anomalies and uncertain dates.
Results: Patients with subchorionic hematoma diagnosed at second trimester had statistically significantly higher rates of: intrauterine growth restricted fetuses (12.7% vs. 2.6%; $P < 0.001$), oligohydramnios (13.6% vs. 2.5%, $P < 0.001$) and Cesarean sections (CS) (33.1% vs. 15.5%; $P < 0.001$). Gestational age at delivery was significantly lower in group 2 in comparison as compared to group 1 (36.5 weeks vs. 38.2 weeks'; $P < 0.001$). Apgar scores were also lower at 1 and 5 min at group. No differences were found in the rates of abortions, preeclampsia, premature rupture of membranes between the groups. Using multiple logistic regression analysis (after inserting into the model, gestational age at delivery, IUGR, CS, oligohydramnios and PROM) revealed that subchorionic hematoma diagnosed during second trimester is associated with increased rates of oligohydramnios and CS.
Conclusions: Subchorionic hematoma diagnosed during second trimester should be considered as a risk factor for idiopathic oligohydramnios and CS. Evaluation of placenta and membranes should be included in cases with idiopathic ologohydramnios.

OP28.09
Agreement between prenatal ultrasound and autopsy findings: a study of second trimester terminations of pregnancy due to fetal malformations

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Objectives: To evaluate the agreement between prenatal ultrasound observations and postmortem autopsy findings in pregnancies terminated because of fetal anomalies.