

Results: Group A: Positive correlations were found for triglycerides and cholesterol with correlation coefficients for estradiol, progesterone, and cortisone ranging from $\rho = 0.50$ to $\rho = 0.57$. Negative correlations were found for triglycerides and cholesterol with dehydroepiandrosterone ($\rho = -0.38$ and $\rho = -0.48$). Group B: As compared to controls cholesterol levels were lower in IUGR ($p < 0.05$) whereas triglyceride levels were higher in preeclampsia ($p < 0.05$). The steroid hormone concentrations of estradiol ($p < 0.01$), progesterone ($p < 0.01$), and cortisone ($p < 0.01$) all were found to be lower in IUGR. No other significant differences have been observed.

Conclusions: We found lipid and steroid levels to be affected in pregnancy pathologies with placental insufficiency but not in pregnancy-associated hepatic diseases. Our data suggests that placental rather than hepatic function strongly determines lipid and steroid concentrations in pregnancy.

Disclosures: U. Pecks: None. N. Kleine-Eggebrecht: None. B. Winkler: None. M. Mohaupt: None. G. Escher: None. W. Rath: None.

doi:10.1016/j.preghy.2014.10.203

[198-POS]

Hypertensive disease in pregnancy in women with self-reported snoring

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Objectives: Sleep disordered breathing (SDB) is common in women and reported at 14–45% in pregnancy. SDB is identified by snoring and repetitive cessation of breathing during sleep accompanied by repetitive hypoxia, and has been found to be associated with hypertension, stroke, and heart attack. There is no depth of knowledge examining the association between SDB and pregnancy outcomes. The aim of the current study was to examine the prevalence of self-reported snoring in pregnancy and the potential association between self-reported snoring and the development of hypertensive disorders of pregnancy (HDP) within a larger cohort from a prevalence of SDB in pregnancy study.

Methods: Questionnaires were administered to women attending an outpatient's antenatal clinic. Objective measurements were undertaken.

The self-reported snoring is a component of the Epworth scale. Overnight recordings of sleep were attained using SonoMat™ (Home Sleep Testing). Pregnancy progression and outcome data were collected on all participants and analysed by IBM SPSS v.20™ utilizing chi-square analysis, student *T* test and logistic regression analysis. HDP diagnoses were in alignment with the SOMANZ (2009) criteria.

Results: Questionnaires were administered and outcomes collected on 2309 pregnancies. Snoring was reported in 45.5% of women. Objective measures were attended on 202 women, snoring was recorded at 61%. HDP affected

10.1% of the cohort, 3.3% of whom had preeclampsia. Of the pregnancies affected by self-reported snoring, HDP occurred in 13.4% in comparison to 7.6% of those who do not report snoring ($p < 0.01$).

Conclusions: This indicates an association between self-reported snoring and HDP. Further analysis will be undertaken to model the effect of other potential cofounders such as maternal age, parity, pre-pregnancy BMI and other comorbidities.

Disclosures: A.J. Robertson: None. P. Johnson: None. C.E. Sullivan: c. Other(specify)*; Commercial Interest(s); developed Sonomat. A. Hennessy: None.

doi:10.1016/j.preghy.2014.10.204

[199-POS]

Early intervention on increasing uterine artery resistance to prevent preeclampsia

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Objectives: To evaluate the effectiveness of early intervention with low dose aspirin (LDA) to prevent preeclampsia in the increasing resistance Index (RI) of the uterine artery Doppler velocimetry.

Methods: The study was done in Ob/Gyn dept. Dr. Soetomo Hospital Surabaya, Indonesia, involving all of pregnant women with 16–22 weeks of gestational age who lived to occupy as a common people in Mulyorejo sub district from January to December 2013. Sonography was performed for gestational age and uterine artery Doppler velocimetry, RI. The result were classified in to 4 classes, Normal (RI < 0.38), Class I (RI ≥ 0.58), Class II (Diastolic notch (+) with RI < 0.58) and Class III (diastolic notch (+) with RI ≥ 0.58). We gave LDA (81 mg) 1 tablet daily to the Class I, II and III and repeated the sonography after 4 weeks therapy.

Results: There were 147 pregnant women with 16–22 weeks of pregnancy from 345 pregnant women among 85,292 people who lived in Mulyorejo. The normal results of uterine artery RI were 107 pregnant women, class I, II and III were 15, 9 and 16 cases. From 40 abnormal value, twenty three were re-scanned again after 4 weeks. The results were 5 class I cases becoming normal category but 1 case with pragestational diabetes was increasing to class III. Four class II cases were becoming normal value and 1 still class II. From class III cases decreased to class II, I and normal were 3, 2 and 6 cases, but 1 case still class III.

Conclusions: LDA was effective to get improved clinical performance by decreasing uterine artery RI in high RI pregnant women at risk of preeclampsia.

Disclosures: A. Sulistyono Sr.: None. R. Rachmi: None. M.A. Akbar: None. B. Wicaksono: None. E. Ernawati: None. A. Aditiawarman Sr.: None. H.T. Joewono: None. E.G. Dachlan Sr.: None.

doi:10.1016/j.preghy.2014.10.205