for 3 to 6 months to a year. Parental acceptance and support improved significantly. Most mothers learned Yogic healing, except in one case with high parental expectations. Improvements were observed in all cases, with a 50% reduction in hyperactivity within 2-3 weeks. Eye contact, ability to follow instructions, writing skills, and speech improved by about 50% in all 4 cases. Better emotional control was noted in all cases. (Table 1)

Table 1. Case series outcome

Sl no	Diagnosis	Children improvement Areas of improvements (scale of 10). 10 is the highest problem, 0 is the least)
1	Autism-ADHD spectrum	• Eye to eye contact was also improved from 10 to 5. • Hyperactivity & frequent urination reduced from scale of 10 to 5. • Repeated behavior (throwing, jumping) improved drastically from 10 to 4. • He was able to sit and follow instructions from 10 to 5.
2	ADHD,	• Hyperactivity reduced from a scale of 10 to 5. • Eye to eye contact was reduced from 8 to 4. • He was able to sit and follow instructions from 9 to 5. • Drastic changes was writing skill improved from a scale 10 to 5.
3	ADHD	• Expression became better 10 to 5, • Academically became better with improved writing skills from 10 to 5, • Hyperactivity reduced from 10 to 5 • Aggression & anger reduced from 8 to 5. he became more friendly with his brother.
4	Autism	• Hyperactivity and impulsivity reduced from a scale of 8 to 5. • He was able to sit and read and write with improved focus from 9 to 5. • Parents feedback in detail: Self- care of child has improved. He goes peacefully to school, he does his daily activities like taking bath, combing, wearing shoes, likes to be neat now, chooses his own clothes. • Care for others: good behavior and relationship with everyone at home & school. Will help in household small things like bringing milk etc • Speech improved
5	ADHD	• Eye to eye contact improved, Able to listen to what others were saying, hyperactivity reduced, aggressive behavior reduced from 10 to 5. • Able to sit and write with specific instructions from 8 to 4.
6	Autism	• Expression with mother and others has became better from 10 to 4. • Anger reduced from 10 to 5 • Writing skills improve from 10 to 6.
7	Autism	• Eye to eye contact improve, able to listen what others were saying, hyperactivity reduced from 10 to 5. • Aggressive behavior reduced from 10 to 7.

Conclusion: Yogic healing, a non-touch, drug-free therapy, emerges as a potent complementary approach for children with behavioural issues enhancing their response to other treatments and daily functioning. It also empowers parents by providing them with tools to manage stress and effectively support their children at different life stages.

Keywords: Yogic healing, biofield therapy, behavioral problems, autism, attention deficit hyperactivity disorder, energy healing, complimentary therapy

PP-038 Medical management of intrauterine fetal demise in women with a scarred uterus

Jane Lavery[1], Janitha Costa[1]

[1]Belfast Health and Social Care Trust Royal Jubilee Maternity Hospital, Belfast, United Kingdom

DOI: 10.59215/prn.24.032supp038

Objective: To evaluate the management strategies used locally and existing guidance to develop a local protocol on managing IUFD with scarred uterus (SU).

The objective of this study is to identify the clinical, etiological, therapeutic and evolutionary characteristics of HF in the neonatal period.

Methods: Eleven women diagnosed with IUFD over 13weeks gestation with a history of previous caesarean section (CS) or uterine surgery were identified through Northern Ireland Electronic Care Records. Following the review of notes, four women were excluded due to spontaneous onset of labour or opting for elective CS. Four out remaining 7 were under 24 weeks while 3 were over 24 weeks.

Results: The number of previous CSs ranged from 1 to 3 all were lower segment (LS) CSs. All women under 24 weeks had 2-3 previous LSCSs. Two women over 24 weeks had 1-2 LSCSs while remaining one had one LSCS and a myomectomy. Combined regime of mifepristone and misoprostol was used in all women. There was a wide variation in the dosage and frequency of misoprostol used. No scar dehiscence was reported although, 50% of the women suffered postpartum haemorrhage with the woman who had a history of LSCS and myomectomy requiring hysterotomy due to failed medical management following six cycles of low dose misoprostol.

FIGO23 (1) recommends the safe usage of combined regimen in women with SU, less than 28 weeks, with no reference to the dosage of misoprostol. RCPI (2) recommends half misoprostol dosage for less than 24 weeks without any reference to number of CSs while IPAS (3) recommends no change in routine misoprostol dosage for less than 24 weeks with one previous CS. RCPI (2) recommends the ultrasound examination to localise the placenta prior to IOL. IPAS (3) recommends half routine

dosage of misoprostol with no change in frequency for women over 24 weeks with one CS, as well as for all gestations with multiple previous CSs.

Conclusion: Medical management of IUFD in women with SU is challenging and evidence is scarce for women over 28 weeks. Senior involvement with individual risk assessment including ultrasound examination for placental localisation is vital with consideration to half the dosage of misoprostol recommended in FIGO23 (1) for all women with multiple LSCSs or one LSCS in 24-28 weeks. In the absence of safety data on using medical management over 28 weeks with SU, adequate counselling and consideration for mechanical methods is advisable.

Keywords: Intrauterine fetal death, scarred uterus. medical management

PP-039 COVID-19 during pregnancy and systemic inflammatory response syndrome

Nilufar Gashimova[1], Victoria Bitsadze[1], Jamilya Khizroeva[1], Kristina Grigoreva[1], Alexander Makatsariya[1]

[1] I.M. Sechenov First Moscow State Medical University, Department of Obstetrics, Gynecology and Perinatal Medicine, N. F. Filatov Clinical Institute of Children's Health, Moscow, Russia

DOI: 10.59215/prn.24.032supp039

Objective: During pregnancy, almost all body systems undergo physiological changes, but changes in the immune system and the hemostasis system, inflammation play a special role in the adaptation of pregnancy from its early stages. From the point of view of the functioning of the immune system, pregnancy is a unique condition during which the mother's body must, on the one hand, provide protection from pathogens, and on the other, show tolerance to fetal antigens. SARS-CoV-2 infection has selective effects on both the immune system and the hemostasis system, therefore pregnant women are at high risk of complications associated with SARS-CoV-2 and its effects on the mother and fetus. Therefore, the purpose of our study was to determine the relationship between disorders of the hemostatic system and immunity after suffering from COVID-19 during pregnancy.

Methods: The study included 90 pregnant women and their newborn children, who were divided into two groups, the first 45 women with COVID-19 during pregnancy and a control group of 45 healthy pregnant women. In all pregnant women, the levels of fibrinogen, von Willebrand factor (vWF), ADAMTS-13, platelet aggregation, concentration of the activation marker NETs (myeloperoxidase MPO), cytokines, chemokines, cell markers, and functional activity of T-reg cells were evaluated in the peripheral blood, as well as in the umbilical cord blood of their unborn.

Results: In group I, hyperfibrinogenemia (p<0.001), high concentrations of vWF antigen (p<0.001), disorders in the ADAMTS-13/vWF axis (p=0.001) (Figure 1) were detected in pregnant women, platelet aggregation with aggregation stimulators was increased: ADP (p<0.001), ristomycin (p<0.001), collagen (p<0.001), adrenaline (p<0.001), high MPO levels (p=0.046). High levels of cytokines and chemokines (IL 1a (p=0.018), IL 6 (p=0.032), IL-10 (p=0.003), MIP-1 (p<0.001), TNF a (p<0.001), CXCL10 (p<0.001)), MPO (p<0.001), increased expression of CD80 (p<0.001) and CD86 (p<0.001) on dendritic cells, decreased functional activity of T-reg (p<0.001) in the umbilical cord blood of group I newborns compared with the control group (Table 1).

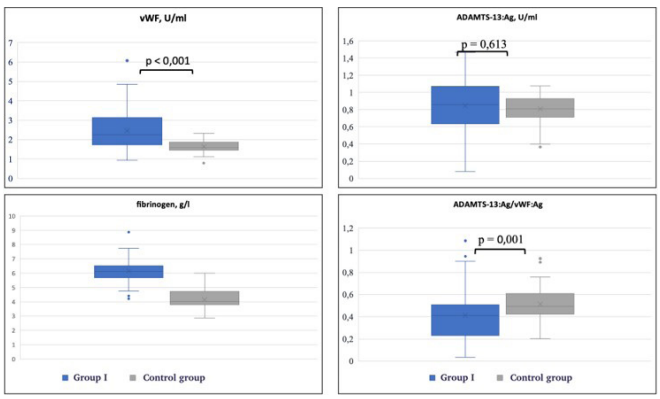

Fig 1. Indicators of fibrinogen, vWF, ADAMTS-13 and the ADAMTS-13/vWF axis in maternal peripheral blood

Table 1. Comparative analysis of the concentration of cytokines and chemokines in the umbilical cord blood of a newborn

Indicators in umbilical cord blood	Group I n=45		Control n = 45		p
	Me	Q_1–Q_3	Me	Q_1–Q_3	
CXCL 10	68.4	37.1-92.6	25.1	9.8-32.1	<0.001
GM-CSF	23.3	15.4-47.1	19.2	14.6-28.7	0.582
IFN-γ	6.3	3.2-11.9	4.4	3.5-6.9	0.436
IL-1α	6.5	1.8-21.3	1.8	1.2-5.3	0.018
IL-6	13.8	6.1-38.4	2.9	1.3-10.1	0.032
IL-8	52.7	23.1-418.3	21.9	6.7-116	0.041
IL-10	12.5	7.7-49.1	5.4	2.1-13	0.003
MIP-1β	501.2	247.6-1648.1	154.8	136.1-287.7	<0.001
TNFα	25.2	16.9-28.7	12.1	9.1-18.3	<0.001

Conclusion: COVID-19 causes systemic inflammatory response syndrome in both mother and fetus. In the mother, we see such changes as hyperfibrinogenemia, high concentrations of D-dimer, von Willebrand factor, a violation in the ADAMTS-13/vWF axis, platelet hyperactivation. Despite the normalization of