

Introduction 3D scanning can enhance the ability of a clinician to make an accurate diagnosis. The aim of this study was to evaluate the usage of 3D scanning in making a correct diagnosis of uterine anomalies and location of intrauterine contraception (IUC).

Methods It was a retrospective analysis of patient's notes that had 2D and 3D ultrasound done in Sexual and Reproductive healthcare clinic over a period of 6 months. All patients who had ultrasound done in relation to coil were included. The exclusion criteria were when ultrasound was done in terms of pelvic pain or bleeding and patient was not using IUC.

Results 90 patients were included in the analysis and all of them had both; 2D and 3D ultrasound. 57% of patients attended clinic with lost threads. 13% had bleeding problems and 8% had unsuccessful removal/insertion previously.

On ultrasound examination, 88% had coil placed at fundal location and 7% had low lying coil. 5% of patients had myometrial penetration of coil. 38% of patients were reassured about coil location and in 35% of cases coil was either removed or replaced. Gynaecology referral was done in 12%. 1 patient was diagnosed with sub-septate uterus.

Discussion This study has shown that 3D scanning enhances the image quality by facilitating in the accurate location of coil especially in cases of myometrial penetration. It also helped in diagnosis of sub-septate uterus, which is not easily plausible with 2D scanning.

P048 ATTITUDE OF HEALTHCARE PROFESSIONALS' AND HEALTHCARE STUDENTS' ATTITUDES TOWARDS TEENAGE PREGNANCY AND PARENTING

Anne-Marie Taylor. *Barts and the London University, London, UK*

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Introduction Britain used to be known for its high rates of teenage pregnancy. It was labelled a 'shameful record' by the Labour government and the Teenage Pregnancy Strategy was launched. Rates of teenage pregnancy are falling. 3.4% of babies born in 2015 were to mothers under the age of 20, compared with 10.3% in 1970. Teenage pregnancy is strongly associated with social disadvantage and health problems. Studies have been done into life outcomes of teenage parents but there is limited research about attitudes of healthcare professionals towards this group.

Methods An original 12 part questionnaire was designed to assess attitudes towards teenage pregnancy and parenting. 502 questionnaires were returned. A scoring system was devised (1–5) with 5 being a positive view and 1 being negative view using a Likert scale. Respondents could leave comments in the free text sections.

Results 55% of respondents think that teenage pregnancy is a public health problem. 18% had been affected by teenage pregnancy in their personal lives. 85% of respondents interact with teenage parents as part of their job role. 49% of HCPS would be happy discussing contraception with a patient of any age.

Improved access to contraception was the most favoured intervention to reduce teenage pregnancy followed by media campaigns aimed at teenagers.

Discussion Teenage pregnancy can be an emotive topic and it is important to be aware of the potential stigma teenage parents may receive. This research also showed some interesting differences between attitudes towards male and female teenage parents.

P049 EVALUATING THE USE OF LONG-ACTING REVERSIBLE CONTRACEPTIVES; WHAT CAN BE DONE TO IMPROVE UPTAKE?

¹Caitlin Gorman, ²Wesley Tensel. ¹University of Manchester, Manchester, UK; ²Wellfield Medical Centre, Manchester, UK

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Introduction Despite an improvement in the rate of unplanned pregnancies in England, the problem persists, particularly in the teenage population, with a large proportion of these conceptions being attributed to contraceptive failure. The OCP and male condoms remain the most widely used contraceptives, which considering their dependence on user-compliance is worrying. Long-acting reversible contraceptives are an alternative with much lower failure rates, partially attributable to the removal of this concern.

Methods An audit was carried out at Wellfield Medical Centre in Manchester, one of the areas with persistent high teenage pregnancy rates.

Results A review of records highlighted that the OCP remained the most commonly prescribed contraceptive in women over the preceding year. LARC accounted for only 29% of the new prescriptions given to 15–24 year olds and 41% of under-35s, with LARC being favoured only in the older population.

Discussion This was in keeping with the literature, which suggested that social norms and negative experiences of friends and family are accountable, along with a lack of education of LARC compared with other methods. These findings indicate that an improvement in the awareness of safety and efficacy of LARC is necessary, particularly in this young population. This should be initiated in a practice context, but the wider reach of social media may be required to ensure an adequate impact. The skill and ability of providers to counsel women on LARC needs to be addressed, as does an increase in time available for counselling and detailed recording of these discussions.

P050 THE UPTAKE OF LARC'S IN ADDRESSING SUBSEQUENT UNPLANNED PREGNANCIES IN YOUNG WOMEN

Rochelle Hamilton. *Barwon Health, Geelong, Australia*

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Introduction To decrease the number of subsequent unplanned pregnancies in young women presenting to one regional public health service and to note the barriers to the overall uptake of contraceptive options.

Methods Young mothers referred for antenatal care received consistent and regular education about contraceptive options. The young women attending were up to the age of 21 years. Contraceptive options that were utilised at the time of becoming pregnant consisted of combined oral contraceptive pill (COCP), condoms, withdrawal or none. The use of the Choices Contraceptive Chart aided in the process to support the efficacy of long acting reversible contraceptive methods (LARC).

Results Total number of births within this public hospital for 2012 – 13 combined was 4,494. Of this, 276 were to mothers 21 years and younger. Total number of births for 2014 – 15 combined were 5,488 with 240 to mothers 21 years and younger. Health care professionals (HCP) education and

beliefs, along with provision of LARC prior to discharge needs addressing.

Discussion Despite international evidence, which strongly suggests that the use of LARC's reduce unintended pregnancies and subsequent abortions, their use in Australia remains low. There is a need to address the barriers to increasing the use of LARC's in Australia, particularly by young women who are highly fertile & have unintended pregnancies. Use of COCP is higher in Australia than in other countries. Implants, injectable and IU devices, combined are still used by fewer than 10% of Australian women and their provision in general practice is low.

Electronic Patient Records and Information Technology

P051 EVALUATION OF THE ACCEPTABILITY AND IMPACT OF AN ONLINE BOOKING TOOL

Kate Horn*, Michelle Hawkins, Emily Kilvington. *Virgin Care Ltd, London, UK*

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Introduction Finding smarter ways of working which meet the needs of increasingly IT-savvy clients and support their busy lifestyles is always a priority and provides an opportunity to innovate.

Informed by focus groups, we developed an on-line booking system, designed to be mobile-first, empowering people to book and manage their own appointments through a secure server.

Methods We monitored use of the online booking system and impact on DNA rates, as well as user acceptability, through online feedback and continued engagement with user focus groups.

Results In the first 5 months we have seen: Average 11% of all bookable appointments made on-line, with majority completed out of hours. 75+% users accessing from a mobile device. 10% reduction in call volumes to services, saving 213 hours of admin time. Improved patient experience and choice as evidenced through user survey: Very easy or easy to book an appointment online: 84%; Very likely or likely to use the website again: 95%. As yet DNA rates have been unaffected.

Discussion The ability to book and manage appointments online has been well received by users and has reduced administrative time. Further tweaks have included a 'text to cancel' system which we anticipate will have a positive impact on DNA rates.

Investigation of different uptake rates between services has led to shared learning and it is anticipated that the average uptake of bookable appointments made online will reach the target of 20% within the next 3 months.

P052 USING MODERN TECHNOLOGY TO IMPROVE THE MANAGEMENT OF INITIAL PRESENTATION OF HERPES SIMPLEX VIRUS INFECTION – COMMUNICATION WITH PATIENTS AND DELIVERING PCR RESULTS

Rebecca Metcalfe*, Pauline Caulfield, Fiona Fargie. *Sandyford Sexual Health Service, Glasgow, UK*

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Introduction The first presentation of Herpes Simplex Virus (HSV) may be distressing, with severe symptoms and associated stigma pertaining to the diagnosis. Initial audit confirmed clinic staff were inconsistent with how the initial clinical diagnosis was relayed to patients, the amount of information given and how follow up and PCR test results would be provided. Best practice dictates that detailed information and uncertainties around diagnosis should be communicated.

Methods Staff training was delivered using workshop style sessions and local protocol changed to highlight '10 key points' to be communicated. An SMS used to deliver positive HSV PCR results was changed to include a bitlink to clinic website 'Genital Herpes' page and link to BASHH patient information leaflet. The automated results line was changed for PCR negative results, providing information for follow up if symptoms remained. A GP letter was created for PCR positives.

Results Audit cycles were comparable in gender, age distribution, HSV type and PCR negativity rate. There was a significant improvement in the number of patients who received written information ($p=0.0043$), discussion on PCR sensitivity ($p<0.0001$), discussion on disclosure ($p<0.0001$) and significant reduction positive PCR results with no record of result being given ($p=0.0091$). There number of patients requiring follow up appointment for same episode of HSV did not change.

Discussion Using modern technology can improve communication of important information to the patient and ensure the patient receives the result appropriately. Altering electronic resources can give more information and provide a back up when the diagnosis is unclear.

P053 TOGETHER IN ELECTRIC SCREAMS: THE FRUSTRATIONS OF GUM ELECTRONIC PATIENT RECORDS

¹David Pao*, ¹John Stevens, ²Dan Lockton. ¹Royal College of Art, London, UK; ²Carnegie Mellon University, Pittsburgh, USA

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Introduction Many GUM clinics have shifted from paper to Electronic Patient Records (EPR). While paper has limitations, its natural functionality – e.g. free-form writing, sketching and page-turning – is intuitive and easy to exploit. EPR promises so much, but how easy or intuitive is it in current clinical GUM practice?

Methods A mixed methods paper survey asking GUM clinicians about the EPR they use.

Part one asked about usability and function with fourteen 7-point Likert-scale items. Part two guided respondents to describe qualitatively how EPR affected their sense of the clinical consultation.

Results Out of 33 surveys distributed, 28 were returned (85%) by mixed staff groups from 3 clinics using the same EPR.

Likert-scale items underwent chi-square analysis after collapsing responses into positive and negative groups. All 14 items were negatively skewed away from neutral; 8 of these were significant ($p<0.05$): history overview, accuracy with multiple visits, getting lost, mirroring clinical reality, use of graphics, amount of clicking, searchability and support of clinical practice. Further analysis will explore this deviation from neutral.

Qualitative responses described frustration, reduced competence/autonomy, interrupted flow, poor eye contact, poor