

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

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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?

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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

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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