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"IBD MOM": report of a new concept in the treatment of IBD in pregnancy

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**Background:** About 25% of women become pregnant after an initial diagnosis of inflammatory bowel disease (IBD). Patients and care givers are challenged by deep concerns on the reciprocal effect of disease and the reproductive outcomes. We planned and established a single center multilevel interdisciplinary concurrent team approach clinic, "IBD MOM" that offers female patients complimentary care with scheduled visits from pre-conception until the postpartum period. We report the outcome of IBD disease activity and pregnancy outcome in patients managed by this unique approach clinic.

**Methods:** This is a prospective cohort study. Medical and perinatal data of the "IBD MOM" Clinic between June 2011 and June 2013 are presented. IBD female patients who were considering pregnancy or during pregnancy were encouraged to apply for consults that provided information and care with regards to fertility therapy, medication safety during pregnancy and breastfeeding, disease evaluation and therapy adjustments and delivery plan. The service was provided in parallel on site by a team including specialists trained in gastroenterology, maternal fetal medicine, general surgery, food regimens, psychology and a coordinator nurse. All data is recorded in the hospital computerized database service.

**Results:** Seventy-five patients, with a mean age of 29±5 years were included in the IBD MOM program evaluation. During the study period, 207 visits took place: 54 (26%) preconception visits, 130 (63%) during pregnancy and 23 (11%) postpartum checkup, culminating in 13 on going pregnancies, one early abortion and 43 deliveries during the study. At conception 46 patients (82%) were in remission, 50 (89%) continued medical therapy during pregnancy. Relapse during the pregnancy occurred in 22 patients (39%). Therapy adjustment included the addition of steroids or anti-TNF in 11 patients (48%), optimizing current treatment in 5 (22%), nutritional support in 4 (17%) and a combination of enteral feeding and steroids in 3 (13%). The median gestational age at delivery was 39 weeks. IBD uncontrolled flare up and poor nutritional status were the cause of late preterm induction of labor (36–37 weeks) in 5 patients (12%). The majority of patients had an uncomplicated vaginal birth while 5 (11.6%) delivered by cesarean section (C/S). All live newborns were healthy with median birth weight of 3040±764 grams and 5’ Apgar scores >7. Thirty-nine (90%) women breast fed. Remission persisted in the postpartum period for most of patients 35 patients (83%).

**Conclusions:** An integrated single center concurrent multidisciplinary clinic for the management of female IBD patients had a positive impact on the pregnancy rate and outcome.

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Smart phones for inflammatory bowel disease

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**Background:** The Highlands and islands of Scotland is a large geographical area. There are over 600 patients with Inflammatory bowel disease (IBD) living within NHS Highland, they can be a 4 hour car journey from appropriate secondary care. In addition to the geographical challenge to general practitioners who may have only one patient with crohns or colitis in the practice.

**Methods:** We have designed and built software that displays the transferred data so that it can be interpreted by the research team. Each patient has an "app" downloaded to their phone and is asked to complete a daily diary. A range of symptoms are then displayed graphically, and if any of the symptoms deviate from the normal level the IBD nurse is alerted and holds a consultation with the patient ensuring that the appropriate care is sought as quickly as possible.

Forty patients have been recruited from across the Highlands. Some live in urban areas and some live in remote locations. We aim to measure if the use of the "smart phone app" improves patient health and wellbeing and leads to more personalised care. We will use a variety of measures to record what impact the technology has on their disease, quality of life and the number of contacts with their GP and hospital doctor.

Two focus groups, one with participating clinicians and with a sample of participating patients have been conducted by an external qualitative researcher. Interviews were recorded, coded and analysed in NVivo using a framework approach. The nurse specialist was also present to facilitate the groups and answer specific questions of fact about the pilot.

**Results:** Patients varied in age, gender and experience of smart phones and new technologies. Some already had been collecting information on stand-alone applications. Both patients and clinicians found the app easy to use despite some issues around connectivity. All patients reported using the app every day with only some minor exceptions. Both groups felt self monitoring transformed subsequent clinical encounters as both parties had a comprehensive history to hand. Patients felt reassured that their symptoms were monitored by a specialist nurse at least weekly and the added contact availability from the main hospital if they required it. Some patients expressed a desire to collect more information.

**Conclusions:** The results of the focus group study showed that the smart phone application is working well in its early stages. The key defining features of success were:

1. The ability of patients to transmit data directly to the clinical team.
2. The integration of the application into the healthcare delivery.
3. The motivation of the patients to collect their data about their disease.

This innovative model could be extended to a range of other chronic conditions.