parental involvement in children's admissions of essential value.

Conclusion: We use protocols that can help detect complications in an early stage after liver transplants.

63

HOW DO PARENTS EXPERIENCE THE DEATH OF A TWIN IN THE PERINATAL/ NEONATAL PERIOD?

M. Goggin

Neonatal Unit, St. George's Healthcare NHS Trust, London, UK

Background and aim: Mortality rates are higher in twin than singleton pregnancy, therefore proportionally more parents of twins face the tragedy of bereavement. Perinatal death is a painful experience for any parent. For parents who lose a twin their experience is additionally complicated by the need to grieve for one baby and celebrate the life of the other. This study sought to describe the lived experience of parents. Understanding the experience may help health care professionals to provide care that is appropriate, timely and meet the parents' needs.

Methods: A phenomenological approach was utilised. Semi-structured interviews were conducted with seven parents, whose time since death ranged from six months to six years. Interviews were audio-taped, transcribed and analysed. A second interview sought to validate the findings. The findings are presented as a rich description of the lived experience.

Results: Loss of a twin is a complex experience. Parents experienced feelings of sadness, isolation, 'being robbed', difficulty in separating as evidenced by retention of the ashes, ambivalence in both living the loss of one twin and parenting the survivor and ambivalence by others towards the parent's loss. Time, space and energy must be negotiated in order to grieve. Timing of information and support is crucial to the parent, counselling in the immediate period post loss is felt by many parents to be intrusive.

Conclusions: Parents ask for a parent-centred as opposed to professional-centred approach to care. This would help parents prepare for the emotional journey resulting from their loss.

64

RISK OF CONGENITAL HEART DEFECTS FOR CHILDREN CONCEIVED FOLLOWING ASSISTED REPRODUCTIVE TECHNOLOGIES. A POPULATION BASED EVALUATION

K. Tararbit¹, L. Houyel², D. Bonnet³, C. De Vigan¹, N. Lelong¹, F. Goffinet^{1,4}, B. Khoshnood¹

¹UMR S953, Recherches Épidémiologiques sur la Santé Périnatale et la Santé des Femmes et des Enfants, Inserm, UPMC, Université Paris-6, Paris, ²Service de Chirurgie des Cardiopathies Congénitales, Hôpital Marie Lannelongue, Le Plessis Robinson, ³Centre de Référence M3C-Necker, Université Paris Descartes, ⁴Maternité Port Royal, Hôpital Cochin Saint-Vincent-de-Paul, Assistance Publique Hôpitaux de Paris, Université Paris-Descartes, Paris, France

Background: Children conceived after ART have higher risks for adverse birth outcomes. Insufficient data exist regarding the specific risk for CHD.

Objective: To estimate the risk associated with Assisted Reproductive Technologies (ART) for congenital heart defects (CHD), CHD without chromosomal abnormalities and CHD subgroups defined based on anatomo-embryologic criteria.

Methods: We used data from the Paris Registry of Congenital Malformations on 5,599 cases of CHD and 3,985 malformed controls including a heterogeneous group of malformations for which no known associations with ART were reported in literature. ART included inductors of ovulation only, in vitro fertilization and intracytoplasmic sperm injection.

Results: Exposure to ART (all methods combined) was higher for cases than controls (4.7% vs. 3.6%, p=0.008) and was associated with a 40% increase in the maternal age, socioeconomic factors and year of birth-adjusted odds of CHD without chromosomal abnormalities (Adjusted-OR 1.4, 95%CI 1.1-1.7). ART was specifically associated with significant increases in the odds of malformations of great vessels and outflow tracts (Adjusted-OR 1.7, 95%CI 1.2-2.4), of anomalies of atria and atrial septal defects (Adjusted-OR 1.8, 95%CI 1.1-2.8) and of conotruncal CHD and double outlet right ventricle (Adjusted-OR 1.7, 95%CI 1.1-2.7). In general, we found specific associations between methods of ART and subgroups of CHD.

Conclusion: Risk of CHD was higher in children exposed to ART as compared to malformed