and 1 with incomplete criteria for antiphospholipid syndrome), and 28 with an autoimmune rheumatic disease. A total of 41 pregnancies occurred (2 women with 2 pregnancies) and were chosen for the final analysis (Table).

**Results:** The mean gestational age at the first rheumatology visit was 16.8 ± 8.9. The mean age at the end of pregnancy was 29.5 ± 5.7 years. Only nine pregnancies were planned (34.6%). Among the patients with a defined autoimmune disease the diagnoses were: systemic lupus erythematosus (SLE) (12), rheumatoid arthritis (RA) (5), antiphospholipid syndrome (APS) (2), autoimmune hemolytic anemia (AHA) (2), juvenile idiopathic arthritis (JIA) (2), overlap syndrome (OS) (3: 2 SLE/SSc; 1 SLE/Sjögren’s) mixed connective tissue disease (MCTD) (1) and undifferentiated connective tissue disease (UCTD) (1). There were 8 pregnancies exposed to teratogenic drugs (MTX 5, LEF 1, MMF 1, CYC 1); 2 ended in fetal loss and 1 had a congenital pneumonia. There were 27 full-term births, 37-40 weeks (wk); 8 preterm births, 23-36 wk (4 twins); 1 stillbirth; 26 wk; and 3 abortions (2 in the same mother). Seven patients had an active disease before pregnancy, 13 during pregnancy (7 SLE, 3 RA, 2 AIHA, 1 MCTD) and 13 during the puerperium (7 SLE, 4 RA, 1 AIJ, 1 EMTC). No maternal deaths, neonatal lupus or congenital heart block were documented in this series. Four patients did not require any medication. One woman received treatment for pulmonary tuberculosis, and other was on anti-retroviral treatment for HIV infection. At the last follow-up, 2 patients were still pregnant.

**Conclusion:** The outcome of rheumatic disease during pregnancy remains variable. It seems that SLE patients tend to be more active and flare more commonly than other patients. The documented complications were similar to those reported in the literature.

**REFERENCES**


<table>
<thead>
<tr>
<th>Variables</th>
<th>SLE (n=15)</th>
<th>Non-SLE (n=13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gestational age at first rheumatology follow up, mean (standard deviation, SD)</td>
<td>11.6 (5.9)</td>
<td>18 (9)</td>
</tr>
<tr>
<td>Treatment during pregnancy, n (%)</td>
<td>77 (64.2%)</td>
<td>49 (61.5%)</td>
</tr>
<tr>
<td>Maternal outcome, n (%)</td>
<td>7 (53.8%)</td>
<td>11 (69.2%)</td>
</tr>
<tr>
<td>Fetal outcome, n (%)</td>
<td>9 (69.2%)</td>
<td>12 (76.9%)</td>
</tr>
<tr>
<td>Preterm newborn</td>
<td>6 (40%)</td>
<td>6 (38%)</td>
</tr>
<tr>
<td>Abortion</td>
<td>2 (13.3%)</td>
<td>3 (15.4%)</td>
</tr>
<tr>
<td>Stillbirth</td>
<td>1 (6.7%)</td>
<td>1 (5.8%)</td>
</tr>
</tbody>
</table>

SLE: systemic lupus erythematosus. * Two gemelar pregnancies ** Two patients with primary antiphospholipid syndrome.

**Disclosure of Interests:** None declared

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**AB1196** A REVIEW OF ELECTRONIC RHEUMATOLOGY REFERRALS AT THE QUEEN ELIZABETH UNIVERSITY HOSPITAL (GLASGOW, UK) AND HOW THIS HAS LED TO SERVICE IMPROVEMENTS

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**Background:** Our department provides a service for inpatient Rheumatology reviews Monday to Friday, 9am to 4pm, with a guaranteed review timeframe of 48-72 hours. We work predominantly on the QEUH site, which comprises 1677 acute inpatient beds. We launched an electronic referral system for inpatient Rheumatology reviews in February 2018. Inter-specialty referrals are an essential part of most inpatient stays. In a time of increasing service demand within the NHS it is important that we have an effective system to manage our time and resources.1,2 Electronic referrals allow us to audit our workload, our efficiency at reviewing patients and allow for accountability of both the referrer and reviewer, therefore improving patient safety.3 Using a set proforma allows us to improve communication, the quality of the referral and triage effectively.4

**Objectives:** We performed a baseline review of the new system.

**Methods:** We reviewed all electronic referrals between 8.2.18 and 13.8.18. We collected data on demographics, timing, reasons for referral and outcomes.

**Results:** There were 346 referrals (58.4% female, mean age 64 years). Most (78%) were made from medical wards; the mean number of referrals per month was 49.4. Referrals were most frequently made on Fridays (23%). Most were in-hours (81%). The most common reason for referral was: a request for review (212; 61.3%); phone advice (70; 20.2%); procedural requests (50; 14.5%); 207 referrals (59.8%) were made for new patients, 91 (26.3%) for patients known to Rheumatology prior to admission, and 48 (13.9%) for patients already seen during the current admission.

**Conclusion:** The use of the electronic referrals system has made it simple to review the workload of our Rheumatology on-call service. We have used the data on ‘reason for referral’ to guide the topics for our educational meetings to improve patient management. We actively contribute to the procedural teaching on knee joint aspiration both in junior doctor’s formal training sessions, and opportunistically on wards following referral. This is a core procedure required for training completion for medical trainees in the UK and should help reduce referrals and manage patients in a more time efficient and cost-effective manner. We have also improved documentation by recording the time, date and name of the reviewer in our electronic entry. We intend to collect data in the same period this year, to assess changes in referral pattern in the 12 months since the system was initiated and the impact of our interventions.

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**Disclosure of Interests:** Anirianne Laws: None declared, Saira Batool: None declared, Kay Graham: None declared, Sajjad Noor: None declared, James Mitchell: None declared, Laura Harrington: None declared, Gareth Ingram: None declared, Sandeep Bawa: Speakers bureau: Abbvie, Novartis, Lilly, UCS, David Crosbie: Speakers bureau: Abbvie, Celgene, Lilly, Menarini, MSD, Novartis, Pfizer, UCB

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**AB1197** EFFECTS AND SAFETY OF THE YELLOW FEVER VACCINE 17DD IN PATIENTS WITH IMMUNOMEDIATED RHEUMATIC DISEASES

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**Background:** The yellow fever is an acute infectious disease caused by the amarillic virus. It is present in tropical areas of South America and...