

## Women in Vision UK Winter Meeting 2023

## – Abstracts

## Oral Presentations (OP)

**OP-01 RETURNING TO OPHTHALMOLOGY TRAINING FOLLOWING MATERNITY LEAVE: A COLLABORATIVE AUTOETHNOGRAPHY**

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**Introduction** The number of women training in surgical specialties has sharply increased over the last 30 years. As a consequence, these female surgical trainees are having children during their training programmes presenting numerous challenges for both the training programme directors and the trainees themselves. When faced with a prolonged break from surgical training, for example maternity leave, simulation is a safe and effective method of revising surgical skills.

**Aims** This study aims to describe the experience of returning to work after maternity leave as an ophthalmology trainee, and how simulation impacted that experience.

**Methods** A collaborative autoethnographic approach was used to illustrate an in-depth account of an ophthalmology trainee returning to work from maternity leave. A reflective account was written which guided two interviews. These were then transcribed, and thematic analysis was performed.

**Results** A traumatic shift in one's concept of self, self-image, and social identity was the consequence of the conflicting maternity leave and working surgeon cultures. Low self-esteem, perceived stereotypes and imposter syndrome could be conquered with a good support network. Enhancements in paediatric clinical skills, communication skills with parents and self-reflection were reported, however a widespread disapproval of simulation amongst senior surgical trainees was also illustrated.

**Conclusion** This study reveals important systemic issues within the workplace and psychological hurdles which were confronted on returning from maternity leave. This can facilitate support mechanisms for surgical trainees returning from maternity leave, by informing surgical training programme directors and promoting further research into this significant area.

**OP-02 INTRAVITREAL ANTI VASCULAR ENDOTHELIAL GROWTH FACTOR INJECTIONS IN PREGNANCY: A CASE SERIES AND SYSTEMATIC REVIEW OF THE LITERATURE**

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**Introduction** Anti-vascular endothelial growth factor (anti-VEGF) agents may occasionally need to be considered for sight-threatening macular pathology in pregnant women. This is controversial due to the dearth of data on systemic side effects for mother and child.

**Aims** To explore the visual and safety (obstetric and neonatal) outcomes of anti-VEGF in pregnant women.

**Methods** Retrospective case series of pregnant women treated with intravitreal anti-VEGF injections at Oxford Eye Hospital between January 2015 and December 2022. We also conducted a systematic review and combined eligible cases in a narrative synthesis.

**Results** We treated six pregnant women with anti-VEGF for diabetic macular oedema (DMO) (n=5) or choroidal neovascularisation (CNV) (n=1). Four received ranibizumab whilst two (not known to be pregnant) received aflibercept. Patients known to be pregnant underwent counselling by an obstetric physician. Five pregnancies resulted in live births.

Combining our cases with those previously published, treatment of 41 pregnant women (42 pregnancies) has been reported. Indications for treatment included CNV (n=28/41, 68%), DMO (n=7/41, 17%) and proliferative diabetic retinopathy (n=6/41, 15%). Bevacizumab (n=22/41, 54%) and ranibizumab (n=17/41, 41%) were given more frequently than aflibercept (n=2/41, 5%). Many (n=16/41, 40%) were unaware of their pregnancy when treated. Most pregnancies resulted in live births (n=34/42, 81%). First trimester miscarriages (n=5/42, 12%) and stillbirths (n=3/42, 7%) predominantly occurred in women with significant risk factors.

**Conclusion** Intravitreal anti-VEGF injections may not necessarily compromise obstetric outcomes, although clear associations cannot be drawn due to small numbers and confounders from high rates of first trimester miscarriages and inherently high-risk pregnancies. It may be worth considering routinely investigating pregnancy status in women of childbearing age prior to each injection, as part of anti-VEGF treatment protocols.

**OP-03 ATTITUDES AND PERSPECTIVES OF UK EYECARE PRACTITIONERS TOWARDS MYOPIA MANAGEMENT**

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**Introduction** Though myopia management options are available within the UK, many myopic children are still prescribed single vision correction.

**Aims** The aim was to ascertain factors which may be limiting the implementation of myopia management into UK clinical practice and its uptake by patients. This was investigated through the attitudes and perspectives of Eyecare Practitioners' (ECPs).

**Methods** Between July and November 2022, online focus groups were conducted with UK ECPs from various roles in primary and secondary eyecare services. Participants were encouraged to discuss how myopia and myopia management is viewed within the UK, their experiences of myopia management in practice, and any barriers perceived to be limiting the prescribing of these management options. The discussions were transcribed and analysed thematically.

**Results** Forty-one ECPs participated across seven focus groups. Several barriers were identified. Less experienced ECPs seek more definitive guidance for myopia management to affirm their decision making. ECPs also seek clarity on their duty of care expectations, with concern over possible future litigation if a patient had not been managed 'appropriately'. The