IS-61 Can shoulder dystocia be prevented by elective cesarean section in high risk group?

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Objective: To evaluation the effectiveness of the CPD risk scores (Score) for cesarean delivery due to CPD in combination of other risk factors in deciding for elective cesarean section (CS) to prevention shoulder dystocia (ShD) in Lamphun Hospital, Thailand. Methods: Scores and combination of other risk factors were calculated for 887 pregnant women delivered in Lamphun Hospital during 2004 to 2007. Significant of each risk factors were explored by comparing cases with ShD and these with vaginal delivery using chi-squared test or \(t\) test. Significant factors were explored for appropriate cut-off values by comparing sensitivity and specificity at each cut-off value. Selected values were used for further analysis. Serial cumulative combination of risk factors were explored for number, ShD case detected, detection rate and percent of effective CS. Results: Risk factors for ShD were Score >9, symphys-fundal height (SFH) >38 cm, gestational age (GA) >41 weeks and male infant sex. ShD cases, detection rate and percent of effective CS by cumulative adding one variable were high in the Score in combination with multipara, SFH, GA and maternal height was 57.1%, while included male infant sex, the effectiveness increased to 66.7%. Conclusions: The effectiveness of Scores in combination with other risk factors in deciding for elective CS for prevention ShD were high in Scores with multipara, SFH, GA, maternal height and male infant sex. Policy of screening pregnant women using other risk factors may have an advantage in reducing the incidence of ShD in Lamphun Hospital.

IS-62 Conservative Management of Placenta Increta: A Case Report

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Objective: To present a case of a 24-year-old G2P0 (0110) diagnosed with placenta increta and successfully managed conservatively with subsequent return of normal uterine function. Methods: The placenta was left in situ followed by a series of conservative medical and surgical modalities, namely, methotrexate administration 3 days postpartum, transvaginal uterine artery ligation 7th day postpartum, and finally bilateral hypogastric artery ligation and excision of placenta 17th day postpartum. An intrauterine balloon tamponade was left in utero post-placental excision and deflated daily until finally removed 4 days post-op. Results: Hysteroscopy done 2 months post-op revealed smooth endometrial lining and visible ostia. Now over a year since the near-catastrophic event, she has had return of normal uterine function with regular monthly bleeding. Conclusion: A combination of various conservative and surgical modalities was done in a 24-year-old G2P0 (0110) with placenta increta. Methotrexate decreased the placental mass and vascularity and lessened the risk of hemorrhage during subsequent placental removal. Transvaginal uterine artery ligation helped decrease blood loss during the interval monitoring period. Bilateral hypogastric artery ligation prevented massive blood loss during placental excision. Intrauterine balloon tamponade helped control oozing from the placental site. All in all, the ultimate goal of preserving uterine function was successfully achieved.

IS-63 Monotherapy insulin (Insulatard) during Ramadan in Muslim women with diabetes mellitus in pregnancy

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Objectives: This study was designed for Muslim pregnant women complicated with diabetes mellitus to be able to fast and to evaluate the efficacy of blood glucose control using monotherapy insulin (Insulatard) during Ramadan. Methods: This prospective observational study was conducted in the combined antenatal-endocrine clinic Universiti Kebangsaan Malaysia Medical Centre during Ramadan 2005 and 2006. Administration of Insulatard once daily at 5pm or twice daily at 5pm and 8am were given during the fasting month. Patient was seen in the clinic weekly with closed monitoring home blood glucose. The patient’s age group, parity, gestation, occupation distribution, type of diabetes, maternal glucose control, insulin requirement, day of fasting, complication and successful rate were analysed. Results: There were 30 women involved with 6 women dropped out. Majority of the patients were between 30-39 years old (83%). Most of the patients were para 1 (37.5%). Primigravida consist of 28.2%, para 2 and 4 were 8.3% and 16.7% respectively. Most of the women were in second trimester (54.2%) followed by 3rd trimester (37.3%) and first trimester (8.3%). Most of the patients were working (87.5%). Fifty eight percent of the patients were having gestational diabetes mellitus. Nine patients had type 2 diabetes mellitus (37.5%) and only one had type 1 diabetes mellitus (42%). There was a significant reduction in the mean of fasting blood glucose before Ramadan (6.16 mmol/L) compared to after Ramadan (5.53 mmol/L, \(p\) value = 0.001). Even though, statistically was not significant, different in blood glucose level before and after Ramadan in prelunch, predinner and before bed still remain within acceptable limits. There was a statistically significant reduction in HbA1c and serum fructosamine before Ramadan versus after Ramadan. Although insulin requirement increased during Ramadan from the first week to the fourth week, however there was a reduction in insulin requirement comparing before Ramadan (4.0U/day) to after Ramadan (3.85U/day). Most of the patients were able to fast throughout the fasting month for 30 days (78%) without maternal and fetal complications. Conclusion: Monotherapy insulin (Insulatard) used during Ramadan not only significantly reduced fasting blood glucose, HbA1c and fructosamine levels but also was acceptable in controlling blood glucose in diabetic women in pregnancy without any complications.