ISO-7  THE CORRELATION BETWEEN SOME CHARACTERISTICS OF PREGNANT WOMEN IN TERMS OF EDUCATION, OCCUPATION, AGE, PARITY, AND GESTATIONAL AGE WITH SEVERE PREECLAMPSIA AT ASTANAANYAR MOTHER AND CHILDREN HOSPITAL DURING THE PERIOD OF JANUARY 1–DECEMBER 31, 2009

Medical Faculty of Bandung Islamic University, Indonesia¹, Senior lecturer in Obstetrics and Gynecology, Medical Faculty of Bandung Islamic University, Indonesia², Professor in Obstetrics and Gynecology, Medical Faculty of Bandung Islamic University, Indonesia²

Arifa Rakhmana Abdullah¹, Wawang S. Sukarya¹, Hidayat Wijayanegara³

The objective of study: To find a correlation between some characteristics of pregnant women in terms of education, occupation, age, parity, and gestational age with the preeclampsia. The method of research: The study had been conducted with analytic observational design with case-control approach. The population are 4299 pregnant women who were delivered at Astanaanyar Mother and Children Hospital in Bandung during the period of January 1 until December 31, 2009. Samples are pregnant women with severe preeclampsia. Measuring number of samples used the formula estimated proportion. Minimum number of samples obtained 208 pregnant women divided 104 in the cases group and 104 in the control group. To find out the correlation is used statistical analysis of Chi Square test. The results of study: The results showed that variables related to the severe preeclampsia are occupation (p = 0.013, OR = 3.19); age <20 (p = 0.003, OR = 12.65); age >35 (p = 0.000, OR = 10.76); parity 1 (p = 0.000, OR = 9.13); parity >4 (p = 0.003, OR = 3.72); and gestational age (p=0.05, OR = 5.22). Conclusions: There is a correlation between characteristics of pregnant women (occupation, age, parity, and gestational age) with severe preeclampsia. Keywords: occupation, age, parity, gestational age; severe preeclampsia.

ISO-8  Prophylaxis of Recurrent Preeclampsia: Supplementation with Low-Dose Aspirin, Calcium, and Vitamin C

Department of Obstetrics and Gynecology, Chonnam National University Medical School, Gwangju, Korea

U Chul Ju, Yoon Ha Kim, Hye Yon Cho, Jong Woon Kim, Cheol Hong Kim, Mun Kyoung Cho, Tae-Bok Song

Objectives: Current study has been investigated to reduce the risk of preeclampsia and perinatal complication with each antiplatelet agents, antioxidant vitamins and calcium. But the effects and interventions of treatment with each agent are uncertain. We studied about the combination therapy of those agents for prophylaxis of recurrent preeclampsia. Methods: We did a randomized, placebo-controlled trial which enrolled women with previous severe preeclampsia or eclampsia, from January 2006 to May 2010 at Chonnam National University Hospital, Korea. We assigned the women daily supplementation with 80 mg of low-dose aspirin, 1000 mg of vitamin C and 1000 mg of calcium (n = 35) or matched placebo (n = 35) from 12–15 weeks of gestation until 34 weeks. Our primary endpoint was maintenance over 34 weeks of gestation without recurrent preeclampsia, and our secondary endpoint was perinatal outcomes which were including birth weight below the 10th percentile for gestational age and neonatal death or serious complications. Results: Seventy pregnant women enrolled in the study, 35 were randomly assigned to the study group and 35 to the placebo group. Baseline characteristics of the two groups were similar. There was significant difference between the study and placebo groups in less than 34 weeks of gestation (n = 2 (5.7%) and n = 10 (28.6%); P<0.01), birth weight below the 10th percentile for gestational age (n = 4 (11.4%) and n = 8 (22.9%); P < 0.05), the respiratory distress syndrome (RDS) (n = 1 (2.8%) and n = 7 (20.0%); P < 0.01), but there were no significant differences between two groups in the serious fetal complications (seizure, severe intraventricular hemorrhage (IVH), retinopathy of prematurity (ROP), necrotizing enterocolitis, and other infections) except RDS. Conclusions: It was difficult to prevent preeclampsia for variety of risk factors was known to be involved. The findings of the present study, despite the limitations of the small sample size, strongly suggest that supplementation combined with low-dose aspirin, vitamin C, and calcium in the women with previous severe preterm preeclampsia or eclampsia might prevent recurrent preeclampsia.

ISO-9  Umbilical artery blood gas and perinatal outcome according to the planned mode of delivery

Department of Obstetrics and Gynecology, The Catholic University of Korea, Seoul Korea

Ji Young Kwon, In Yang Park, Won Sik Yoon, Dong Gue Jang, Gui Se Ra Lee, Jong Chul Shin

Purpose: To assess neonatal morbidity and umbilical artery gas status according to the planned mode of delivery. Methods: A retrospective cohort study of all live born twins born after 34 weeks of gestation with measured umbilical artery blood gas status at our university-based center for three years. Twins with any antepartum complications including discordant growth, intrauterine growth restriction, intrauterine death, fetal malformation and pre-eclampsia were excluded. Subjects were divided into two groups based on the mode of delivery of first twin. Umbilical artery blood gas status and perinatal outcomes were analyzed using Student T test and chi square test. Results: Vaginal or cesarean delivery was planned for 39 and 40 women. Among planned vaginal deliveries, there were no cesarean deliveries during labor. The mean inter-twin delivery interval was 8.2 ± 8.2 min after vaginal deliveries compared with 1.6 ± 0.6 min after cesarean deliveries (p<0.001). The inter-twin differences in 1 min and 5 min Apgar scores in twin newborns born vagnally were significantly greater than the corresponding differences in those born by cesarean section. However, the inter-twin differences in umbilical artery blood pH, PCO2, HCO3 and base excess did not differ between planned cesarean and planned vaginal delivery. Conclusion: The risk of fetal academia in the second twin are not higher after vaginal delivery at birth after 34 weeks. For twin gestations with a cephalic-presenting first twin, planned vaginal delivery after 34 weeks of gestation remains a safe option.