ISP-10-12 Characteristics of pregnant women with one abnormal value on 75-g oral glucose tolerance test

Maternal and Perinatal Medical Center, Kurume University Hospital
Yutaka Kozuma, Takashi Horinouchi, Takuya Shimomura, Takanobu Kawata, Ryunosuke Hayashi, Daizo Hori, Toshiharu Kamura

[Objective] The aim of this study was to identify the factors which can predict the induction of insulin therapy in pregnant women with one abnormal value (OAV) during 75-g oral glucose tolerance test (75-g OGGT). [Methods] A total of 118 pregnant women with OAV between 1997 and 2010 were studied. We analyzed the factors which can predict the induction of insulin therapy by comparing pregnant women with OAV those who required insulin therapy for glycemic control (insulin group; n = 17) and those who did not (diet group; n = 101). The factors analyzed were maternal age, family history of diabetes, pre-pregnancy BMI, HbA1c, plasma level of glucose (PG) and immunoreactive insulin (IRI) at fasting, 0.5, 1 and 2 hours after loading glucose, insulinogenic index (LI), HOMA-IR, and ISI composite. We obtained informed consent from all study patients. [Results] Univariate analysis showed a positive correlation between induction of insulin therapy and PG 2-h value, IRI 0.5-h and 1-h value, insulinogenic index, and HbA1c (p<0.05). Multivariate analysis showed that PG 2-h value and LI were independent predictive factors for the induction of insulin therapy. ROC curve revealed that the cut-off value of PG 2-h would be 179 mg/dl (sensitivity 47%, 1-specificity 45%). [Conclusion] These results suggested that the level of PG 2-h >179mg/dl in pregnant women with OAV might be regarded as high risk GDM.

ISP-11-1 DOUBLE-BLIND RANDOMIZED CONTROLLED TRIAL COMPARING THE EFFECT OF CARBETOCIN AND OXYTOCIN FOR THE PREVENTION OF POSTPARTUM HEMORRHAGE AMONG HIGH RISK WOMEN FOLLOWING VAGINAL DELIVERY

Cardinal Santos Medical Center, Philippines
Agnes P. Montero-Fenix, Ma. Trinidad R. Vera, Nephtali N. Gorgonio

PURPOSE: The objective of this study was to compare the efficacy and safety of carbetocin, a long acting oxytocin analogue, with oxytocin in preventing postpartum hemorrhage.

METHODOLOGY: Sixty women eligible for the study were enrolled in this prospective, double-blinded randomized controlled trial. They were randomized to receive either a single dose of 100 microgram intravenous carbetocin or oxytocin infusion (a mixture of 10 IU oxytocin and 1 liter of D5 containing intravenous fluid) upon delivery of the anterior shoulder of the baby. The primary outcome measure was a difference in hemoglobin drop measured 24 hours postpartum.

RESULTS: A significant drop of hemoglobin level 24 hours postpartum was observed in the oxytocin group (-1.1) compared to the carbetocin group (-0.6). The incidence of additional uterotonics and average estimated blood loss were lower with carbetocin. Uterine massage was needed in almost all patients who received oxytocin compared to a negligible number of those in the carbetocin group. Blood pressure and pulse rate of the patients were logged though no statistical difference was observed. The onset and duration of action was rapid and longer, respectively with carbetocin. There was no difference in the incidence of side effects between the two groups.

CONCLUSION: Carbetocin appears to be more effective than a continuous infusion of oxytocin with similar safety profile, thus a good alternative to conventional uterotonics agents.

Key words: Carbetocin, oxytocin, postpartum hemorrhage, third stage of labor

ISP-11-2 Correlation Between Patient Characteristics With The Incidence of Retained Placenta At Al–Ihsan District Hospital of Bandung In The Period of January 1st until December 31th 2010

Young Doctor at Medical Faculty of Bandung Islamic University, Indonesia1, Senior Lecture at Medical Faculty of Bandung Islamic University, Indonesia2
Nanda Putri Ramadhan1, Wawang S Sukarya2

BACKGROUND: Retained placenta is the second most common cause of postpartum hemorrhage (20-30% of cases) whereas postpartum hemorrhage is one of the causes of maternal deaths in developing countries including Indonesia. Retained placenta is potentially life-threatening not only because of their retention but also because it is associated with bleeding and infection complications due to retained placenta. Various factors can affect the incidence of retained placenta are maternal characteristics such as maternal age, parity, history of previous delivery and disease.

OBJECTIVE: The purpose of this study was to determine the relationship between patient characteristics in terms of age, parity, and hemoglobin at admission to the events of retained placenta.

STUDY DESIGN: The research is an analytic observational case-control study with retrospective approach on maternal spontaneous delivery and had retained placenta. The study population is pregnant women who had delivered at the Al-Ihsan District Hospital of Bandung Regency in the period of 2010. Study sample as many as 66 of 33 cases and 33 controls.

RESULT: The results showed the prevalence of retained placenta is 69%. Most retained placenta patients found in patients with age ≥25 years (42%), parity ≥4 (33%), hemoglobin levels<9 g/dl (36%). Statistical analysis Chi-Square test showed a significant association between retained placenta incidence with hemoglobin levels (p=0.001, OR = 2.1).

CONCLUSION: The conclusion of this study, there is a correlation between characteristic based on hemoglobin levels with incidence of retained placenta.

KEYWORDS: Patient characteristics, age, parity, hemoglobin, retained placenta