ISP-2-6 The impact of mode of delivery for neonatal morbidity and mortality on 23 weeks of gestation

Miyashi Furukawa, Yuki Kodama, Masatoki Kaneko, Hiroshi Sameshima, Tsuyoum Ikenoue

[Objective] Our aim was to determine the impact of CS on neonatal outcome born at 23 weeks of gestation.[Methods] A retrospective study was performed involving 34 infants born at 23 weeks of gestation and 91 infants of 24–26 weeks of gestation. Indications necessitating delivery were, severe pregnancy induced hypertension (P1H), non-reassuring fetal heart rate patterns (NRFH), or intraterine infection (IUI). Poor outcome included neonatal death or neurological damage. Comparisons between groups were made with Fisher's exact test. Multiple logistic regression analysis was performed to determine the effect of CS on poor outcome.[Results] Incidence of poor outcome was significantly higher at 23 weeks (number of poor outcome/total number : 22/34) than that (31/91) at 24-26 weeks (p<0.01). Incidence of poor outcome was significantly higher at 23 weeks infants having NRFH (11/16) compared to those at 24-26 weeks (15/43) (p = 0.02). Incidence of poor outcome was similar in infants with IUI (6/10 at 23 weeks versus 5/11 at 24-26 weeks, p = 0.41). If infants with NRFH or breech presentation at 23 weeks did not undertake CS, the risk of poor outcome was increased (OR : 12.4). However, IUI was not an independent risk factor (OR : 0.3).[Conclusion] Poor neonatal outcome of NRFH or breech presentation at 23 weeks is closely related to the mode of delivery.

ISP-2-7 Relationship between maternal characteristics with fetal outcome from placenta previa case at Gunung Jati Hospital Cirebon period 2010-2011

Medical Faculty of Bandung Islamic College, Indonesia
Marizka Saras Chitra Hidayat, Wawang S Sukarya

Placenta previa is the major cause of antepartum hemorrhage, whereas hemorrhage are the highest (28%) causes of maternal mortality in Indonesia. Hemorrhage on placenta previa may be causing hypotension to maternal and will cause adverse fetal outcome, including low APGAR score (asphyxia). There are several risk factor can affect the fetal outcome such as maternal age, maternal education, paternal education, paternal occupation, ethnic, caste, and parity. The purpose from this research was to determine the relationship between characteristics based on maternal age, parity, education, and hemoglobin on admission with the fetal outcome from placenta previa case. This research is an analytic observational with cross sectional approach. Data were collected from medical record at Gunung Jati Hospital Cirebon period of 2010-2011. There were 160 samples of 40 cases and 120 controls. Statistical analysis using chi-square. Result from this research were found 26% cases of placenta previa among 3666 parturition. Distribution of characteristics maternal age ≥ 35 years 12.5%, parity ≥ 4 20%, education <6 years 37.5%, Hb on first admission <8 g/dl 10%. Parturition distribution of placenta previa cases low APGAR 1' (mild-moderate and severe asphyxia) 75%, low APGAR 5' (mild-moderate asphyxia) 10%. All cases of asphyxia 5' was occurred on group risk education<6 years. The conclusion from this research all cases of asphyxia 5' was occurred on group risk education <6 years.

ISP-2-8 Significant association with maternal mirror syndrome and hCG concentration in the cases of fetal pleural effusion with thoraco-amniotic shunting (TAS)

Nagara Medical Center
Rika Chiaki, Yuichiro Takahashi, Tomomi Shiga, Kazuhiko Asai, Shigenori Iwagaki, Ichiro Kawabata

[Objective] To manage the hydrops complicated by maternal pulmonary edema called mirror syndrome, termination of the pregnancy is necessary for maternal rescue. According to some reports, maternal serum hCG levels were elevated in some hydrops cases. We discuss the association between hCG levels and mirror syndrome in the fetal pleural effusion cases. [Methods] From June 2008 to September 2012, 31 singleton pregnant women complicated by fetal pleural effusion who gave informed consent to measure maternal serum hCG. If the mother fits more than 3 points of mirror syndrome associated with symptoms such as edema, anemia, hypoalbuminemia, hypertension, liver dysfunction or oliguria those have no other causes, we defined them as pre-mirror syndrome. We also evaluated the variation of hCG and maternal fetal condition in 7 cases performed TAS.[Results] Eight cases were defined pre-mirror syndrome, and their hCG levels were more than 100,000 mIU/ml. Three cases with more than 400,000 mIU/ml hCG levels were complicated by mirror syndrome. Six of 7 mothers with high hCG levels performed TAS, decreased hCG after TAS and improved the fetal and maternal hydrops.[Conclusion] Maternal serum hCG levels may reflect maternal complications in the cases of fetal pleural effusion. In addition, if TAS was effective, it may improve not only fetal hydrops but also maternal hydrops.