ISP-21-1  Breast-feeding in complex disaster : results from the Fukushima Health Management Survey

Fukushima Medical University
Hyo Kyozuka, Aya Ohwada, Makiko Ishibashi, Shun Yasuda, Keiya Fujimori

[Objective] The Great East Japan Earthquake and Tsunami caused catastrophic damage and the Fukushima Daiichi Nuclear Power Plant accident. The aim of this study was to examine feeding methods in this complex disaster. [Methods] We used the Fukushima Health Management Survey results. For comparison, Soso district was defined as an affected area and Aizu district was defined as a less affected area. To assess changes in the rates of three feeding methods (exclusive breastfeeding, exclusive formula feeding, or mixed breastfeeding) over time, the dates of birth were divided into four periods. The feeding methods of the newborns of each period were compared between the two areas. We also examined the area differences in the trends of feeding methods. [Results] There were no significant differences between the two areas regarding the feeding methods during the first and second periods. However, the methods differed significantly between the areas during the third and fourth periods. When each method was compared, we observed no significant change in the rate of exclusive breastfeeding across the time periods in both areas. Regarding the trends in the rates of exclusive formula feeding, a significant increase was found in the affected area. [Conclusion] In this study, we found no differences between the two areas in terms of the breast feeding rates.

ISP-21-2  Emergency preparedness on Maternal and Child health System with ALSO/BLSO—Lessons learned in the Great East Japan Earthquake Affected Areas

National Institute of Public Health, Keiju Medical Center, Yamanashi Red Cross Hospital, Nippon Medical School, Tama-Nagayama Hospital, Osaki Citizen Hospital, Tohoku Medical Megabank Organization, Kameda Medical Center, Japan Association for Development of Community Medicine, Yamanashi University
Honami Yoshida, Takanari Ara, Naoko Watanabe, Emi Yamagishi, Kaname Dateoka, Naoaki Sato, Junichi Sugahara, Makoto Suzuki, Yuji Ito, Shuji Hirata

[Objective] The Great East Japan Earthquake and Tsunami revealed health care issues that Japan already had. The birth outcomes of this catastrophic area tell us the importance of the pre-hospital OB care team in disaster response for mothers and babies. Now we are developing maternal and child shelter, safety confirmation system for mothers and babies, obstetrics training and network system in some governments. [Methods] Advanced disaster response planning includes adequate representation for special populations, addressing issues ahead of time, education, training, preparation. The Basic Life Support in Obstetrics (BLSO) has been assessed to prepare participants to manage labor and obstetrical emergencies in disaster. [Results] Pre-hospital resuscitation, communication in transition to hospital care can be improved when pre-hospital and hospital providers share a conceptual framework. BLSO is one of the effective tools for disaster preparedness and we should enlarge the emergency training for all of the medical team and try to have a standardized database for special populations and special tasks. [Conclusion] Empowering the OB providers in the community and organizing roundtable meetings with the midwife, disaster relief teams and the local government could valorize community needs and develop disaster preparedness and response team in obstetrics to save the next generation.

ISP-21-3  The Optimal Period for the Deliveries of Diamniotic Dichorionic Twin Pregnancies with Selective Fetal Growth Restriction

Miyazaki University Faculty of Medicine, Kyorin University School of Medicine
Masao Ohashi, Masatoki Kaneko, Kaeko Sumiyoshi, Kaori Michikata, Seishi Furukawa, Yasuyuki Kawagoe, Junji Ohnishii, Yuki Kodama, Hiroshi Sameshima, Tsuyomu Ikenoue

[Objective] To determine the optimum delivery timing for dichorionic diamniotic (DD) twin pregnancies with fetal growth restriction. [Methods] Unselected DD twin pregnancies after 26 weeks of gestation were recruited for this retrospective study (N=144), which was conducted at a tertiary referral perinatal center in the south part of Japan. Perinatal mortality was compared between DD twins with at least one fetal growth restriction (FGR) and without fetal growth restriction. [Results] Perinatal outcome data were recorded for 100% of the 72 twin pairs that completed the study (n=39 pairs without FGR, n=33 pairs with at least one FGR). Overall perinatal mortality was the only 1 intrauterine fetal death in this study. The risk of cerebral palsy and developmental disorders fall 5.9% (6/101 infants) among the infants without FGR to 0% (0/40 infants) among infants with FGR. The gestational week at birth is the only one independent factor for perinatal mortality and morbidity with logistic analysis. [Conclusion] In this small study, DD twin pregnancies with FGR did not show the statistically different for perinatal mortality and morbidity compared to without FGR. Further study is needed to determine the optimum delivery timing for DD twin pregnancies with FGR.