THE ADVERSE IMPACT OF MATERNAL OBESITY ON INTRAPARTUM AND PERINATAL OUTCOMES

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Objectives: To determine the differences in intrapartum and perinatal outcomes between obese mothers and normal BMI controls.

Materials: We performed a retrospective cohort study of 200 women booked to deliver at a London tertiary referral centre with an annual delivery rate over 5000 deliveries/year. The study group comprised of 100 women with a booking BMI above 40kg/m² (class III obesity). The control group comprised of 100 women with a booking BMI between 20–25kg/m². The control subjects were matched for age, parity and ethnic origin.

Methods: -Results: The average BMI in the study group was 44.5kg/m², whilst the average BMI in the control group was 22.5kg/m². The incidence of morbid obesity (BMI >50) was 10%. 32% of each cohort comprised of primiparous women, with the remaining 68% being multiparous. The caesarean section rate in the study group was 41% versus 23% in the control group. Of the women who delivered vaginally, 27% of the study cohort were delivered by emergency caesarean section, as compared to 49% of women in the normal BMI group achieved a spontaneous delivery, whilst this was achieved by 51% in the study group. Of the women who delivered vaginally, 27% had an intact perineum in the study group, as compared to 49% of women in the control group. Of the vaginal deliveries, the incidence of postpartum haemorrhage (>500mls) in the study group was 47%, compared with 13% in the control group. The mean blood loss at spontaneous vaginal delivery in the study group was 558mls, and 282mls in the control group. The incidence of preterm delivery was 6% in the study group versus 1% in the control group. The mean birthweight in the control group was 3232 grams versus 3542 grams in the study group. The incidence of fetal macrosomia, was 7% in the control group versus 19% in the study group. The incidence of postpartum haemorrhage (>500mls) in the study group was 47%, compared with 13% in the control group. The mean blood loss at spontaneous vaginal delivery in the study group was 558mls, and 282mls in the control group. The incidence of preterm delivery was 6% in the study group versus 1% in the control group. The mean birthweight in the control group was 3232 grams versus 3542 grams in the study group. The incidence of fetal macrosomia, was 7% in the control group versus 19% in the study group. The incidence of postpartum haemorrhage (>500mls) in the study group was 47%, compared with 13% in the control group. The mean blood loss at spontaneous vaginal delivery in the study group was 558mls, and 282mls in the control group. The incidence of preterm delivery was 6% in the study group versus 1% in the control group. The mean birthweight in the control group was 3232 grams versus 3542 grams in the study group. The incidence of fetal macrosomia, was 7% in the control group versus 19% in the study group.

Conclusions: Our study confirms the increased maternal and perinatal morbidity associated with obesity. Obese women form a high-risk population which require delivery in an appropriate setting with experienced obstetric and paediatric staff present.

HOW MANY WOMEN FAIL TO COMPLETE THE INTEGRATED TEST?

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Objectives: The Integrated test combines informations from nuchal translucency (NT) measurement and serum Pregnancy Associated Plasma Protein A (PAPP-A), which are collected at 11–13 weeks of pregnancy, and second trimester serum markers. It has been described as the best strategy to reduce the risk of a false positive result, but it has two disadvantages: the impossibility to perform chorionic villous sampling in late first trimester (and also to obtain an early termination of an affected pregnancy) and the possibility that an unforeseeable number of women does not complete the test, remaining without any result. Our aim was to assess how many women completed integrated test in our Region.

Materials: 97.510 pregnant women chose to undergo integrated test since 2004 January 1st to 2010 December 31st.

Methods: In Sant’Anna Hospital of Turin and in its collaborative hospitals of Piedmont there is a sequential approach on the basis of NT result: in the last few years the number of pregnant women, who opted for the Integrated test, grew up. During NT measurements (whose result is always disclosed) women are submitted to the first blood sample for PAPP-A determination and they sign a written consent to undergo Down syndrome screening test. The