Obstetric Outcome in Dichorionic Versus Trichorionic Triplet Pregnancies After IVF-ET [22H]
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INTRODUCTION: To compare the obstetric outcome of dichorionic triplet and trichorionic triplet pregnancies following in vitro fertilization and embryo transfer (IVF-ET).
METHODS: This is a retrospective cohort study that included 64 triplet pregnancies that occurred following IVF-ET in the period between 2007–2014 at our IVF unit. Patients were divided into 2 groups. Group 1 consisted of 27 patients who had 2 embryos transferred resulting in dichorionic triplet, while group 2 included 37 patients that had trichorionic triplet as a result of transferring 3 embryos.
RESULTS: There were no significant differences in underlying etiology of infertility, maternal age (33.4 ± 4.5 vs 33.2 ± 3.7 years), BMI (25.7 ± 7.0 vs 26.3 ± 7.2 kg/m²), preterm birth rates (84.1% vs 90.6%), gestational age at birth (30 weeks ± 3.4 weeks) and average birth weight (1890.9 ± 823.7 vs 2054.8 ± 741.5 grams) between group 1 and 2 respectively. The live birth rate after viability (completed 24 weeks gestation) was significantly lower in dichorionic triplet pregnancies compared to trichorionic triplet pregnancies (77.8% vs 97.3% \(P<.05\)).
CONCLUSION: Our data suggests that dichorionic triplet pregnancy has lower chance to have live birth compared to trichorionic triplet pregnancy.
Financial Disclosure: The authors did not report any potential conflicts of interest.

Spontaneous Adrenal Hemorrhage in Pregnancy: A Case Series [23H]
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INTRODUCTION: Abdominal pain during pregnancy has a broad differential diagnosis which includes spontaneous adrenal hemorrhage (SAH). A high index of suspicion is necessary to diagnose SAH as most patients present with nonspecific symptoms including pain, fever and hypotension. Rarely, patients can develop retroperitoneal bleeding and present with hemodynamic instability.
METHODS: We present two cases of symptomatic SAH in the third trimester. Patient 1 was a 35 year old nullipara who presented at 36 weeks of gestation with left flank pain. Patient 2 was a 27 year old multipara at 38 weeks who presented with left upper quadrant pain. Initial suspicion was for renal pathology in both cases and diagnosis of SAH was ultimately made by CT scan. Both were managed with pain control, serial hemoglobin assessments and abdominal exams and resulted in uncomplicated vaginal deliveries. Interval CT scan in patient 2 demonstrated a complete resolution of pathology.
RESULTS: If unrecognized, adrenal hemorrhage can lead to adrenal crisis, shock and theoretically death for both mother and fetus. While the initial imaging study in pregnancy is ultrasound, MRI or CT scan is needed for confirmation. Recommended laboratory evaluations include serial hemoglobin measurements as well as assessment of adrenal function. Scant literature is available on optimal mode of delivery but in a stable patient, vaginal delivery can be safely undertaken.
CONCLUSION: SAH, although rare, is an important consideration when evaluating abdominal and flank pain in pregnancy. Management options vary from conservative management to surgical intervention depending on the stability of the patient.
Financial Disclosure: The authors did not report any potential conflicts of interest.

Neonatal Hypoxia in Term Infants: Obstetrical Predictors and Perinatal Consequences [24H]
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INTRODUCTION: To determine the demographic, obstetrical, intrapartum and perinatal factors associated with neonatal hypoxia.
METHODS: Of singleton deliveries performed at term in 2013; 46 (6.0%) cases identified as neonatal hypoxia were compared to 8273 neonates (controls). Analysis utilized Chi-square, student T test and regression analysis.
RESULTS: Prenatal factors associated with increased risk of neonatal hypoxia included higher BMI, unmarried mothers, smoking, severe preeclampsia, GBS+, and birth defects. Intrapartum factors that increased the risk of neonatal hypoxia included late decelerations, fetal tachycardia, maternal fever, chorioamnionitis, abnormal fetal heart rate (FHR), primary cesarean section (C/S), and the use of magnesium sulfate, nifedipine, gentamycin or clindamycin in labor. Mothers of hypoxic neonates had more blood loss and longer hospital stay. Neonates with hypoxia had lower Apgar scores, umbilical cord gases trending towards acidosis, and more NICU admission. Associated morbidity with neonatal hypoxia included pulmonary disease (91%), hypoxic ischemic encephalopathy (76%), jaundice (70%), birth defects (65%), nutrition disorders (40%), electrolyte derangements/dehydration (26%), neurological dysfunction (20%), sepsis (20%), and hemorrhagic disorders (20%). Regression analysis showed that independent predictors of neonatal hypoxia were maternal fever (\(P=.001\), odds ratio (OR) = 6.151); severe preeclampsia (\(P=.003\), OR = 6.921); birth defects (\(P=.000\), OR = 5.962); smoking (\(P=.011\), OR = 3.595); primary C/S (\(P=.045\), OR = 2.0); abnormal FHR coding (\(P=.001\), OR = 3.12).
CONCLUSION: Severe preeclampsia and intrapartum infection are major predictors of neonatal hypoxia and should be targets of preventive efforts. Additionally, measures to reduce maternal smoking, the safe reduction of primary C/S, effective prenatal diagnosis, and appropriate management of intrapartum fetal stress conditions may facilitate the prevention of neonatal hypoxia.
Financial Disclosure: The authors did not report any potential conflicts of interest.

Improving Safety on Labor and Delivery Through Team Huddles and Teamwork Training [25H]
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INTRODUCTION: Assess baseline and follow up safety culture data as well as outcome metrics on a Labor and Delivery Unit after the initiation of a patient safety program.
METHODS: The Safety Attitudes Questionnaire (SAQ) has been widely validated in healthcare. This survey was distributed and collected from all professionals who work on the unit at the start of the intervention and fifteen months after; changes were assessed with the student t test. Clinical outcome measures were reviewed 12 months before initiation of the program and 15 months after using the chi-squared test. Twice-daily interdisciplinary safety huddles were initiated as well as outcome metrics on a Labor and Delivery Unit after the initiation of a patient safety program.
RESULTS: A total of 144 surveys were completed, 68 before and 76 after the intervention. Safety (\(P=.02\), error management (\(P=.04\), and teamwork (\(P=.02\) demonstrated the most improvement. OB faculty also reported improvement in interactions with nursing (\(P=.02\) and safety practices (\(P=.02\). Other areas of improvement were L&D RN and OB faculty job satisfaction (\(P=.06\) and .08), teamwork culture overall (\(P=.06\); overall interactions with nursing (\(P=.06\).

Financial Disclosure: The authors did not report any potential conflicts of interest.