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همراه با کارگاه‌های متنوع عملی

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Abstract ID: 4
subject: Other related topics

Infertility

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Background and Aim : Injection of platelet rich plasma (PRP) into the ovary is a therapeutic strategy to increase the fertility of infertile women. Based on established evidence, PRP can cause changes in hormone levels and increase ovarian reserve.

Methods : In order to perform the intervention on the day of ovulation after ovarian puncture, 3 cc of PRP was injected. If the IVF cycle is not successful, in the third menstrual cycle, after checking the FSH and AMH serum levels and the presence of at least one AFC in the ultrasound, the patients were subjected to the ovulation stimulation cycle again. The improvement of the ovarian response was determined by evaluating the parameters of the number and quality of retrieved oocytes, the number and quality of the obtained embryos, the serum level of AMH, FSH, and the number of AFC in ultrasound, then the relevant data were entered into SPSS26 software after collection. Paired t-test was used to compare the values before and after PRP.

Results : The average age was 36.94 (#3.76) years and BMI was 22.36 ($2.89) Kg/(m2). The results showed that the average AFC, the average number of eggs taken in IVF and the average number of embryos obtained in IVF increased significantly after PRP intraovarian injection (P-Value<0.05). Also, mean FSH after PRP intraovarian injection was significantly reduced (P-Value<0.05). However, the average AMH did not change significantly after PRP intraovarian injection (P-Value>0.05).

Conclusion : Finally, it can be said that despite the increase in the number of eggs and embryos, the injection of PRP into the ovary increased the average level of AMH, AFC and decreased the level of FSH.

Keywords : Fsh,amh.afc.prp.ivf

Poster Presentation

Abstract ID: 18
subject: Other related topics

Pregnancy and Delivery in Late Diagnosed Kindler Syndrome: a Case Report and Review of the Literature

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Background and Aim : Epidermolysis bullosa (EB) encompasses a rare, diverse group of genetic disorders, characterized by skin and, in some cases, mucosal fragility. These conditions lead to the separation of skin and mucosal layers upon friction or mechanical stress, resulting in blisters and erosions.

Methods : A 29-year-old woman with Kindler syndrome, a subtype of EB, presented at our hospital in labor. Remarkably, her skin condition remained stable throughout her pregnancy and postpartum period. At 38 weeks of gestation, a cesarean section was performed due to premature membrane rupture and the presence of thick meconium.

Results : The surgical wound healed without complications. Notably, her pregnancy did not exacerbate the skin-related symptoms of Kindler syndrome. This case underscores the importance of meticulous perioperative care to protect vulnerable skin and mucosa.

Conclusion : The patient's pregnancy and postnatal period proceeded without notable incidents, highlighting that individuals with EB can successfully navigate childbirth with appropriate support and care.

Keywords : Epidermolysis bullosa, Kindler syndrome, pregnancy

Poster Presentation

Poster Presentation

Abstract ID: 23
subject: Other related topics

adverse pregnancy outcomes in pregnant women with integrated screening for positive aneuploidy

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Background and Aim : Prenatal screening is an essential prenatal care for all pregnant women, regardless of maternal age. The purpose of this study was to determine the association between positive sequential integrated screening prenatal aneuploidy and adverse pregnancy outcomes

Methods : This cohort study was performed on 423 pregnant women in Rohani and Yahyanejad Hospitals in Babol, nourth of Iran. Demographic, fertility, and laboratory data were recorded from the prenatal file or maternal self-report at the time of receiving prenatal care, and then, two groups of pregnant women with positive and negative serum aneuploidy screening were followed up in terms of adverse pregnancy outcomes. All data were analyzed by x2, T-test and the crude and adjusted logistic regression.

Results : In this study, 423 pregnant women in terms of adverse pregnancy outcomes were followed in two groups of pregnant women with positive and negative serum aneuploidy screening. The mean age in the positive and negative serum aneuploidy screening groups were 33.08 ± 5.77 and 29.54 ± 5.85, respectively (P = 0.001). Compared to screen-negative pregnancies, screen-positive women were more likely to have abortion, preeclampsia, intrauterine growth restriction and neonates admitted to NICU. The crude odds risk ratio of adverse pregnancy outcomes in screen-positive women (OR = 1.87 (1/15- 3/03) P = 0.04 and adjusted risk odds after controlling for maternal age, body mass index and parity was OR = 1.79 (1.09 -2.96) P = 0.02.

Conclusion : The adverse pregnancy outcomes increased in women with positive aneuploidy screening. Further studies are needed to determine the predictive value of positive aneuploidy screening for maternal and fetal complications.

Keywords : aneuploidy screening, adverse pregnancy outcomes, fetal complications, maternal complications

Oral Presentation

Abstract ID: 8
subject: Other related topics

Vaginal Birth After Two Cesarean Sections (VBAC-2), Success Rate and Adverse Outcomes of VBAC-2 Versus VBAC-1 and Repeat Cesarean Sections: Systematic Review and Meta-Analysis

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Background and Aim : Vaginal birth after Cesarean (VBAC) is often offered as an option after a single cesarean section (CS). The present study was conducted with aim to evaluate the success rate of vaginal birth after two cesarean sections (VBAC-2).

Methods : We searched MEDLINE, EMBASE, PubMed, Scopus, using search terms (cesarean OR cesarean OR caesarean OR caesarian) AND (“Vaginal birth after cesar Keywords: Vaginal birth after Cesarean, Cesarean section, Maternal, Fetal outcomesean” OR VBAC) AND (two OR Twice OR second OR multiple). Two independent reviewers performed the study selection, and abstracted and tabulated data and pooled estimates were obtained. Meta-analyses were performed using Open-meta and Comprehensive Meta-Analysis.

Results : Mean success rate of VBAC-2 was 72% (2174 out of 3020 cases) with a range of 24-90%. The mean hysterectomy rate was 0.43% ranging from 0% to 1.7%. Our meta-analysis showed no significant difference between VBAC-2 and CS-3 in the case of hysterectomy, with a pooled odds ratio (OR) of 0.699, but with a wide confidence interval (95% CI was 0.347-1.407). VBAC-2 being associated with 2-fold increased risk of perinatal mortality compared to CS-3.

Conclusion : Vaginal delivery is a suitable option for women with two previous cesarean sections; the outcomes are significantly more favorable for women with a history of vaginal birth.

Keywords : Vaginal birth after Cesarean, Cesarean section, Maternal, Fetal outcomes

Poster Presentation

Abstract ID: 15
subject: Other related topics

Obstetrics and fertility prognosis of patients with ovarian granulosa cell tumors: A retrospective study in the northwest Iran

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Background and Aim : Ovarian granulosa cell tumors (GCT) are rare tumors with late recurrence and a good prognosis. The current study investigated the fertility and obstetrics situation, survival and the factors influencing the mortality of patients with these uncommon ovarian neoplasms

Methods : This is a retrospective study on ovarian granulosa cell tumor patients admitted at the Al-Zahra Hospital oncology department, the tertiary referral hospital in Tabriz, between 2008 and 2021. Data were collected using medical records. Chi-square/Fisher exact tests and T-test were used to compare categorical and quantitative variables between the alive and dead patients, respectively. Kaplan Meier curve was used to present patients' survival.

Results : A total of 65 patients with ovarian granulosa cell tumors were recorded in the study period. It has been found that the presence of ovarian cysts is statistically increased the survival of patients with GCT (P=0.028). The advanced tumor stage (P=0.023), fast tumor growth (P=0.001), and tumor relapse (P=0.001) are statistically significant with death in the affected patients. Besides, Age and adjuvant chemotherapy were not associated with survival.

Conclusion : There was no evidence of increased survival with use of adjuvant chemotherapy. The important prognostic factor is staging of the tumor. Advanced stage were associated with inferior survival that only prospective studies can ascertain their definite role.

Keywords : Ovarian granulosa cell tumors, Prognosis, Survival

Abstract ID: 7
subject: · The diagnosis of failure to progress in labor

FACTORS AFFECTING post cesarean section pain

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Background and Aim : In all surgical interventions including cesarean section, pain is a challenging issue. The aim of this study was to identify the underlying causes that affect post-cesarean pain intensity.

Methods : A total of 128 consecutive patients who underwent cesarean section at Taleghani hospital were included in the study. A questionnaire was used to gather the patients' demographic and clinical data. The length of the incision was measured with a ruler on the first day following the cesarean section. In addition, the pain intensity was assessed using a Likert scale at scales: 1, 2, 4, 8, 12, and 24, on the day after surgery and 48 hours and one week later. Descriptive statistics were calculated for all variables. Analyses were conducted using SPSS version 22 and a p-value < 0.05 was considered statistically significant

Results : The study showed that overall, patient age, BMI, level of education, type of surgical incision, duration of surgery, type of cesarean section, type of anesthesia, and breastfeeding were not predictors of postoperative pain intensity. However, the study found that "indication of the cesarean section" and the "stage of labor" in which the cesarean was performed are correlated with postoperative pain intensity. (P-value<0.05)

Conclusion : In this study, we were able to identify 2 parameters that were independently associated to postoperative pain scores: "underlying indication of cesarean section" and the "stage of labor" in which cesarean section is performed. This information helps clinicians to identify high-risk patients in terms of postoperative pain and take early action.

Keywords : Cesarean Section, Postoperative Pain Assessment

Poster Presentation

Poster Presentation

Abstract ID: 5
subject: · Augmentation of labor – amniotomy, oxytocin, and new methods

Comparison of Perinatal Outcomes Between Spontaneous Labor and Oxytocin Use in Successful Trial of Labor After Cesarean

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Background and Aim : The safety of labour induction or augmentation in trial of labours after caesarean section (TOLAC) mode after a caesarean section is a debatable topic. We aimed to assess patient demographic features and labour characteristics (e.g. cervical and membranes status, Bishop Scores), and neonatal outcomes among successful TOLACs.

Methods : This retrospective observational study conducted on 1058 successful TOLACs of a tertiary center. All successful TOLACs with at gestational age of 26 weeks or higher or with estimated fetal weight of over 650 grams were included. The participants were divided into two main groups: spontaneous labours and induced or augmented labours. Then participant's demographic and obstetric history, labour characteristics and perinatal outcomes were compared.

Results : Mean Cervical dilation (4.2 vs.3.01cm, p-value=0.04), Bishop Scores (6.1 vs. 5, p-value=0.031) and frequency of intact membranes on admission were higher (76.4% vs. 63.2%, p-value=0.04) and fetal head station (-1.02 vs. -2.2, p-value=0.026) was lower in spontaneous labours. Neonates born to mothers in Oxytocin group were more likely to have lower 1st and 5th minute mean Apgar scores (8.4 vs. 8.9, p-value=0.032) and (9.1 vs. 9.9, p-value=0.029), respectively and they were more frequently admitted at NICU (4.4% vs. 2.9%, p-value=0.001). Hysterectomy and uterine rupture rates did not differ between groups, and transfusion was observed only in 3 cases in Oxytocin group (p-value=0.031).

Conclusion : Obstetricians should be prepared for blood products transfusion in Oxytocin-used TOLAC. As well, low Apgar scores and NICU admission rate might be higher in these labours. Hence, precautions should be considered in advance.

Keywords : Trail Of Labour After Caesarean Section (TOLAC); Caesarean Section; Vaginal Delivery; Vaginal Birth After Caesarean Section (VBAC); Perinatal Outcomes, Uterine Rupture, Hysterectomy

Oral Presentation

Abstract ID: 12
subject: · Misoprostol in the labor ward

Outpatient Cervical Ripening With Misoprostol to Prevent Post-Term Pregnancy: A Double-Blind Randomized Clinical Trial

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Background and Aim : Outpatient use of misoprostol is assessed in a few studies and usually in low doses and vaginal routes. This study aimed to evaluate cervical ripening by outpatient administration of misoprostol to prevent post-term pregnancy.

Methods : This randomized clinical trial study was performed on 140 patients that were randomly allocated into two groups: 25 µg sublingual SL (group A) and 50 µg PO misoprostol (group B). The patients were primigravid with a gestational age of 40 weeks, with an amniotic fluid index (AFI) of ≥5 cm, a reactive non-stress test (NST) with no evident uterine contraction, Bishop Score of <8, and no notable past medical history. Patients who had a normal vaginal delivery before 41 weeks were considered successful delivery. Maternal age, the number of misoprostol doses, vaginal examination, type of interventions before delivery, the indication of hospitalization, delivery route, the indication of cesarean section, delivery complications, and neonatal outcomes were compared using SPSS software. $P<0.05$ was considered statistically significant.

Results : group A had mean age of 23.27±4.03 years and Group B had a mean age of 24.61±5.46 years with no significant difference (P=0.223). The number of misoprostol doses (P=0.001), extra misoprostol, and oxytocin application were significantly lower in group B (P=0.003). Maternal and neonatal complications showed no significant difference between the two groups (P>0.05).

Conclusion : Outpatient cervical ripening with misoprostol appears to be an optimal method. More prospective studies with higher sample sizes are required to ensure its safety for routine recommendations for cervical ripening to prevent post-term pregnancy.

Keywords : Outpatient, Cervical Ripening, Misoprostol

Poster Presentation

Abstract ID: 9
subject: · Misoprostol in the labor ward

Outpatient versus Inpatient Vaginal Misoprostol Administration for the First-trimester Abortion: A Randomized Clinical Trial

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Background and Aim : Misoprostol is widely used for the first-trimester abortion. This study aimed to assess the success rate and side effects of outpatient versus inpatient vaginal misoprostol administration for the first-trimester abortion.

Methods : A prospective randomized clinical trial included 280 women with first-trimester abortion (≤14 week's gestation) referred to three educational hospitals of Mashhad University of Medical Sciences, Mashhad, Iran in 2019-2020. Patients were randomly assigned to receive vaginal misoprostol either in an inpatient or outpatients setting Intra-vaginal misoprostol 800-mcg was administered every twenty-four hours up to two doses. Treatment success, the primary outcome, was defined as complete evacuation after one or two doses. Elective curettage was performed if complete evacuation failed after one week, while emergent curettage was considered in cases of heavy vaginal bleeding. To analyse data, SPSS software (version 19.0) and Independent t-test, Chi-square test, and Logistic regression model was used.

Results : Success rates for outpatient and inpatient treatments were 96.6% (114 out of 118) and 91.5%, (119 out of 130), respectively, showing no significant difference (P = 0.167). Additionally, side effects did not significantly differ between inpatient and outpatient groups (P = 0.698).

Conclusion : Vaginal misoprostol (800-mcg every twenty-four hours for a maximum of two doses) in an outpatient setting is as effective as in an inpatient condition with similar side effects. Outpatient medical abortion can be a viable alternative to hospitalization.

Keywords : Induced Abortion, Misoprostol, First trimester of pregnancy, Inpatient, Outpatient

Poster Presentation

Abstract ID: 11
subject: · Misoprostol in the labor ward

Comparing the efficacy of oral, sublingual and buccal misoprostol for induction of labor in pregnant women with premature rupture of membrane

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Background and Aim : Induction to labor interval is a very important issue in premature rupture of membranes (PROM) and can reduce maternal and neonatal complications. For induction of labor and termination of term pregnancies, various efficacy rates have been reported for different forms of misoprostol administration, but few studies have delved into this issue in patients with PROM. The aim of this study was to compare the efficacy of oral, sublingual and buccal misoprostol in induction of term pregnancies with PROM.

Methods : In this randomized clinical trial, 120 pregnant mothers with confirmed PROM at 37-42 weeks of gestation were randomly assigned to one of three groups of A (50 µg oral misoprostol), B (25 µg sublingual misoprostol), or C (25 µg buccal misoprostol). Main outcomes including induction to delivery interval, the duration of latent, active, and second stage of labour, and Apgar score at the first and fifth minutes were also recorded. Data were analyzed in SPSS v.24 considering a significance level of 0.05.

Results : Induction to delivery interval and the duration of latent, active, and second stage of labour were significantly shorter in the buccal group compared to the other groups ($P<0.05$).

Conclusion : Buccal misoprostol had the greatest effect in reducing the time of labour phases compared to both sublingual and oral conditions and thus is recommended for induction of labour in term pregnancies with PROM.

Keywords : Efficacy, Buccal misoprostol, Sublingual misoprostol, Oral misoprostol, Labor induction

Poster Presentation

Abstract ID: 10
subject: · Misoprostol in the labor ward

Effect of outpatient administration of vaginal misoprostol on prolonged pregnancy and induction success rate: a randomized clinical trial

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Background and Aim : Prolonged pregnancy can be associated with adverse maternal and fetal complications, so it is important to evaluate the interventions which can reduce prolonged pregnancies. Recently, outpatient cervical ripening is used due to many benefits. This study was conducted with aim to determine the effect of outpatient vaginal misoprostol on reduction of prolonged pregnancy and increasing of labor induction success.

Methods : This randomized clinical trial was performed on 90 primigravid women at gestational age of 39 weeks, referred to maternity clinics of Mashhad University of Medical Sciences in 2018. They were randomly divided into intervention (stripping and vaginal misoprostol) or control (stripping only) group. For intervention group, membrane stripping was performed and then 25 µg of vaginal misoprostol was administered, but control group only received membrane stripping and was repeated at pre-determined intervals (during 40 weeks and then every other day until 41 weeks/ up to a maximum of 5 doses of misoprostol). Checklists of maternal and neonatal data were completed at the time of coming to hospital for delivery.

Results : Post-term pregnancies ($p<0.006$), mean gestational age at delivery time ($p<0.001$) and cesarean section ($p<0.007$) were significantly higher in control group. However, mean of first intervention to delivery interval ($p<0.06$) and admission to delivery interval ($p<0.04$) were less in intervention group. There were no major neonatal and maternal complications or uterine hyperstimulation in two groups.

Conclusion : Outpatient administration of vaginal misoprostol can safely reduce postterm pregnancy and cesarean section without increasing adverse maternal and neonatal outcomes.

Keywords : Pregnancy, Prolonged pregnancy, Misoprostol, Apgar Score

Poster Presentation

Abstract ID: 17
subject: · Complex cesarean section

Ensuring Safe Deliveries: A systematic Review of Vaginal Birth After Cesarean

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Background and Aim : Obstetric care providers frequently encounter the challenge of determining the optimal mode of delivery for women with a history of prior cesarean section. This review aims to evaluate the benefits and risks associated with vaginal birth after cesarean (VBAC) compared to repeat cesarean delivery.

Methods : A comprehensive search was conducted using reputable databases such as Ovid, Elsevier, PubMed, and Google Scholar, covering the period from 2010 to 2023. Studies reporting maternal or infant outcomes in women with a previous cesarean delivery were considered eligible. Initially, 60 articles were identified based on the entered keywords, and after summarizing 12 related articles, case-control and cohort studies were selected for review. Ultimately, six articles were included in the final analysis.

Results : No significant differences were observed in maternal mortality or hysterectomy rates between the trial of labor and repeat cesarean groups. Uterine rupture was more prevalent in the trial-of-labor group; however, the incidence of asymptomatic uterine dehiscence did not differ significantly. The impact of labor induction on these outcomes remains inconclusive. Data on infant outcomes were found to be insufficient.

Conclusion : Ensuring safe childbirth for women with a prior cesarean section is a critical public health issue. The literature reveals significant methodological shortcomings in assessing the relative safety of VBAC compared to repeat cesarean delivery. Identifying high-risk and low-risk groups of women and settings for morbidity continues to be a crucial area for future research.

Keywords : Vaginal Birth, Uterine, cesarean, delivery

Poster Presentation

Abstract ID: 19
subject: · Perineal and postpartum care. Pelvic floor injury during a vaginal delivery

Exploring the Prevalence of Levator Ani Muscle Injuries in First-Time Mothers Post-Delivery: A Systematic Review of Their Impact on Pelvic Floor Health

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Background and Aim : Research has identified a significant correlation between the first vaginal delivery and injuries to the levator ani muscle (LAM), which may result in pelvic floor disorders (PFDs). This study seeks to ascertain the prevalence of both short- and long-term LAM injuries post-vaginal delivery in primiparous women and to evaluate their impact on PFDs.

Methods : A thorough search was performed utilizing reputable databases, including Ovid, Elsevier, PubMed, and Google Scholar, spanning the period from 2012 to 2023. Studies reporting on pelvic floor disorders were deemed eligible for inclusion. Initially, 34 articles were identified based on the specified keywords. Following a summarization process, 20 articles were compiled, of which 16 met the eligibility criteria. Both case-control and cohort studies were selected for review.

Results : The prevalence of levator ani muscle (LAM) avulsion associated with vaginal delivery was observed to range from 13% to 28% within the first year postpartum and from 16% to 29% beyond one year postpartum. Ballooning of the LAM was detected in 20% to 37% of women within the first year and in 33% of women beyond one year postpartum, indicating a higher occurrence compared to avulsion. Pelvic organ prolapses (POP) emerged as the most prevalent disorder linked to LAM injuries, with some associations to sexual dysfunction.

Conclusion : In addition to uncontrollable factors such as age, interventions aimed at managing weight gain, constipation during pregnancy, and maintaining healthy vaginal flora could mitigate the risks of PFDs. Avulsion of the LAM and ballooning of the hiatal area are highly prevalent in primiparous women following vaginal delivery. These conditions are strongly correlated with the development of POP.

Keywords : delivery, Pelvic, levator ani muscle

Abstract ID: 21
subject: · Perineal and postpartum care. Pelvic floor injury during a vaginal delivery

The Relationship of Pregnancy-Associated Plasma Protein A and Human Chorionic Gonadotropin with Adverse Pregnancy Outcomes: A Prospective Study

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Background and Aim : e This prospective study investigated the relationship between pregnancy-associated plasma protein A (PAPP-A) and human chorionic gonadotropin (hCG) and adverse pregnancy outcomes in the Iranian population

Methods : s Overall, 994 singleton pregnant mothers of 18–35-year old were referred for frst-trimester screening tests, including PAPP-A and β-hCG, at the age of 6 days and 11–13 weeks, and were followed until the end of their pregnancy. The adverse pregnancy outcomes, PAPP-A, and β-hCG serum levels were recorded and analyzed. The sensitivity and specifcity of the test were measured by calculating the area under the curve of receiver operating characteristic curve (ROC).

Results : The mean serum level of PAPP-A and β-hCG was 1.10±0.69 and 1.09±0.8 MoM, respectively. Pregnancy-associated plasma protein A, regardless of its percentile, showed a signifcant relationship with the incidence of preeclampsia, preterm birth, and fetal low birth weight ($p<0.001$ for each). However, the relationship between PAPP-A and abortion was not signifcant ($p>0.05$). According to ROC, the results indicated that PAPP-A had a signifcant relationship with the incidence of preeclampsia, preterm birth, and fetal low birth weight ($p<0.001$). However, β-hCG levels showed no signifcant relationship with adverse pregnancy outcomes

Conclusion : s The result of this study revealed that lower level of PAPP-A and β-hCG could be a predictive factor in preterm labor. Also, this study indicated that PAPP-A measurements could be a screening test for adverse pregnancy outcomes, such as preeclampsia, low birth weight and preterm labor.

Keywords : PAPP-A · β-hCG · Preeclampsia · Preterm labor · Low birth weight · Abortion

Poster Presentation

Poster Presentation

Abstract ID: 14
subject: · Preterm labor and birth: prediction, prevention and management

Comparison of Azithromycin and Erythromycin Effects in Reducing Preterm Premature Rupture of Membranes Outcomes: A Clinical Trial Study

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Background and Aim : Preterm premature rupture of membranes (PPROM) is one of the important causes of perinatal mortality. This study aimed to compare the effects of azithromycin and erythromycin on pregnancy outcomes in mothers with PPROM.

Methods : In this clinical trial study, patients diagnosed with PPROM between 24 and 34 weeks were treated with two drug regimens. Group A (n = 30) received oral azithromycin one-gram single dose and Group B (n = 30) received oral erythromycin 400 mg every 6 hr for 7 days. In addition, both groups were treated with intravenous ampicillin 2 grams every 6 hours for 48 hours and then amoxicillin 250 mg orally every 8 hours for 5 days. Primary outcomes including latency period and clinical chorioamnionitis and secondary outcomes including the type of delivery, amniotic fluid stained with meconium, postpartum endometritis, neonatal sepsis, baby's birth weight, and live birth rate were compared between the two groups.

Results : In the current study, the latency period was significantly higher, while postpartum endometritis and laboratory-confirmed neonatal sepsis were significantly lower in the azithromycin group than in the erythromycin group. Other outcomes did not show significant differences between the two groups.

Conclusion : Azithromycin is more effective than erythromycin in the increased latency periods and decreased postpartum endometritis and neonatal sepsis in women with PPROM. Therefore, azithromycin can be a suitable alternative to erythromycin in the treatment of PPROM.

Keywords : Azithromycin; Erythromycin; PPROM; Pregnancy outcomes

Abstract ID: 22

subject: · Preterm labor and birth: prediction, prevention and management

Title: Cervical Effacement as a Prognostic Indicator in Pregnancies with Incompetent Cervix

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Tehran, Iran

Background and Aim:

The intensity of cervical dilation can serve as a predictive factor for Preterm birth (PB) in women who underwent cerclage. Such predictions have not been made based on cervical effacement. Hence, this study aimed to determine the role of cervical effacement pregnant in women with emergency cerclage indication.

Methods:

This prospective observational study assessed 11 pregnant women with emergency cerclage indications.

Results:

The average cervical dilation was 2.81 ± 1.16 cm, and the average effacement was 48.18 ± 21.36%. The most common cause of delivery was PROM, accounting for 63.6%. There were no significant differences in age, gestational age at cerclage, number of pregnancies, or gestational age at delivery among the groups. Adverse pregnancy outcomes, including early onset of labor pain, PB, and premature rupture of the amniotic membrane (PROM), were significantly (p-value=0.024) higher in pregnant women with more than 50% effacement.

Conclusion:

Cervical effacement appears to be a more effective factor in the labor process compared to cervical dilatation in women with cerclage. Hence, cervical effacement changes may be utilized to better predict delivery outcomes in these women. However, more extensive studies with larger sample sizes and even multi-center studies are necessary.

Keywords:

Cervical insufficiency - Advanced cervical dilation - Preterm birth – Cerclage

Poster Presentation

Poster Presentation

Abstract ID: 16
subject: · Gestational diabetes and obesity: labor and delivery issues

The relationship between BMI before pregnancy and maternal weight gain on maternal and neonatal complications

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Background and Aim : In recent years, weight gain and obesity have been increasing and are commonly seen in women of reproductive age. The purpose of this study is to investigate the relationship between the mother's body mass index and weight gain during pregnancy with maternal and neonatal complications.

Methods : In this study, healthy pregnant women aged 18-40 years old and primary parous who met the entry criteria were included in the study after obtaining consent. Their demographic characteristics were recorded. Then, during pregnancy, their information includes their body mass index at the first pregnancy the weight gain during pregnancy, the occurrence of maternal complications, including gestational diabetes, preeclampsia, and preterm labor, the type of delivery, and neonatal complications, including macrosomia and low birth weight recorded in the Sina system. The obtained information was analyzed using spss22 software and statistical tests, and the significance level was considered less than 0.05.

Results : 1587 pregnant women with an average age of 25.34 years were included in the study. Their body mass index was between 16-35.7 kg/m2 and their gestational age was between 29 and 41 weeks. Body mass index was higher than normal in 26.7% and lower than normal in 10.4% of participants. 6.5% of pregnant women were obese. The incidence of preeclampsia was 3.5 percent, gestational diabetes was 9.8 percent, and preterm labor was 1.8 percent. Maternal age body mass index and weight gain during pregnancy had a significant relationship with gestational diabetes ($p<0.05$) and not significant relationship with preeclampsia. Maternal age and weight gain during pregnancy had a significant relationship with preterm labor ($P<0.05$), but there was no significant relationship between body mass index and preterm labor. There is a significant relationship between gestational diabetes, preeclampsia, maternal age, and maternal body mass index before pregnancy with the method of delivery. ($P<0.05$). The neonatal weight at born had a significant relationship with the mother's body mass index before pregnancy and mother's weight gain during pregnancy and mother's age.

Conclusion : Maternal age and weight gain during pregnancy are significantly related to gestational diabetes and preterm labor, but body mass is only related to gestational diabetes.

Keywords : Body mass index, weight gain during pregnancy, gestational diabetes, preeclampsia, preterm labor

Poster Presentation

Abstract ID: 20
subject: · Anesthesia and analgesia in labor and delivery

The effect of ginger and metoclopramide in the prevention of nausea and vomiting during and after surgery in cesarean section under spinal anesthesia

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Background and Aim : Postoperative nausea and vomiting is one of the most common side effects after anesthesia in surgeries, such as cesarean section. This study aimed to investigate the effect of ginger and metoclopramide in the prevention of nausea and vomiting during and after cesarean section.

Methods : This clinical trial was conducted on 180 patients aged 18–40 years who underwent cesarean section under spinal anesthesia. The first group received 10 mg of metoclopramide via intravenous injection (metoclopramide group), and the second group received 1 g of oral ginger (ginger group) half an hour before spinal anesthesia. The frequency and severity of nausea and vomiting during surgery and at 2, 6, 12, and 24 hours postoperatively were compared in both groups. To analyze the results, the t-test, chi-square test, and Mann-Whitney test were used.

Results : There was no significant difference in the frequency of nausea and vomiting between the 2 groups during operation, 2 hours and 6 hours after surgery (P=0.182, 0.444 and 0.563 respectively). The severity of nausea and vomiting was also similar in the 2 groups (P=0.487 and 0.652 respectively); however, the metoclopramide group had a lower systolic blood pressure (P<0.001; df=2.176; f=18.66) and mean arterial pressure (P<0.001; df=2.176; f=6.36) than the ginger group.

Conclusion : The results revealed that ginger reduced nausea and vomiting to the same extent as metoclopramide in patients undergoing cesarean section.

Keywords : Cesarean section; Spinal anesthesia; Metoclopramide; Ginger

Abstract ID: 13
subject: · Labor and delivery in pregnancy medically assisted

assisted vaginal delivery

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Background and Aim : Assisted vaginal delivery refers to a birth in which the clinician uses an instrument (forceps, a vacuum device) to extract the fetus from the vagina,.. The majority of births by vacuum and forceps, when performed correctly by appropriately trained personnel,result in a safe outcome for the woman and baby .Although encouraging women to have continuous support during labour as this can reduce the need for assisted vaginal birth.

Methods : Classification for assisted vaginal birth : 1. Outlet 2. Mid : rotational , non rotational 3. Low : rotational , non rotational Indications: No indication is absolute and that clinical judgment is required in all situations. 1. Fetal : Suspected fetal compromise (cardiotocography pathological, abnormal fetal blood sampling result, thick meconium) 2. Maternal : Maternal exhaustion or distress , Medical indications to avoid Valsalva manoeuvre , Prolonged second stage of labor 3. Combind Contraindications : Fetal bleeding disorders (for example, alloimmune thrombocytopenia) or a predisposition to fracture(for example, osteogenesis imperfecta) are relative contraindications to assisted vaginal birth. However,there may be considerable risks if the fetal head has to be delivered abdominally from deep in the pelvis. Experienced obstetricians should be involved in the decision-making . A low forceps may be acceptable for assisted vaginal birth with suspected fetal bleeding disorders.

Results : Risk factors of failure : maternal BMI greater than 30 , short maternal stature, estimated fetal weight of greater than 4 kg or a clinically big baby , head circumference above the 95th percentile , occipito–posterior position, midpelvic birth or when one-fifth of the head is palpable per abdomen . Assisted vaginal births that have a higher risk of failure should be attempted in a place where immediate recourse to caesarean birth can be undertaken.

Conclusion : Complications : 1. Maternal : lower genital tract laceration, vulvar and vaginal hematomas, urinary tract injury, and anal sphincter injury 2. Neonatal : skin markings and lacerations, external ocular trauma, intracranial hemorrhage, subgaleal hemorrhage, retinal hemorrhage, lipoid necrosis, facial nerve injury, skull fracture, and, rarely, death

Keywords : forceps , vaginal delivery , labor

Poster Presentation

Abstract ID: 18

subject:*Induction and augmentation of labor Assessment of labor progress and arrest of labor

amene abiri

indications of Induction before the onset of spontaneous labor is indicated when the

maternal/fetal risks associated with continuing the pregnancy are thought to be

at least as great as the maternal/fetal/newborn risks associated with delivery. For examples: Postterm pregnancy, Prelabor rupture of membranes, Hypertensive disorders of pregnancy,

Diabetes, Fetal growth restriction, Clinical chorioamnionitis, Placental abruption, Oligohydramnios, Alloimmunization with fetal anemia, Fetal demise.

Timing of amniotomy : In patients receiving oxytocin, we suggest early rather than delayed or no amniotomy. Once a patient undergoing induction has entered active labor (cervical dilation 6 cm), progression appears to be comparable to that with spontaneous active labor. The duration of the second stage is similar in induced and spontaneous labors.

Therefore, active phase and second stage protraction and arrest disorders arediagnosed and managed similarly to patients in spontaneous labor.We use the term for cesareans performed

in the latent phase because this phase has continued for an extended duration (at least 12 to 18 hours after membrane rupture) and, in the clinician's judgment, the patient is unlikely to enter the active phase by continuing oxytocin administration. The decision to administer oxytocin past 18 hours should be individualized. Active management of placental

separation and expulsion : Active management is a bundle of interventions including prophylactic administration of a uterotonic agent (usually oxytocin) any time after delivery of the anterior shoulder andcontrolled traction of the clamped cut cord

until the placenta spontaneously separatesand is expelled. Prophylactic uterine massage is sometimes performed but does not provide added benefit if a uterotonic drug is being administered. Active management reduces the risk of severe postpartum blood loss and blood transfusion compared with expectant (physiologic) management in randomized trials.

Abstract ID:27

Delivery management of fetal growth restriction

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The goal is to maximize fetal maturity and growth while minimizing the risks of fetal or neonatal mortality and short-term and long-term morbidity.

Morbidity and mortality related to preterm delivery is relatively high before 32 weeks , Regardless of the cause, birth timing needs to balance the consequences of iatrogenic preterm birth with the risk of stillbirth in ongoing monitored pregnancies. Antenatal corticosteroids: Ideally, a course of antenatal betamethasone (or dexamethasone) is given to

pregnancies <34+0 weeks of gestation in the seven days before preterm birth is anticipated.

Administration between 34+0 and 36+6 weeks does not appear to decrease the need for respiratory support and increases the rate of neonatal hypoglycemia Magnesium sulfate: Is administered 4 g/IV/15 min continued by 1 g/h until 24 h for neuroprotection in pregnancies <32 weeks.

DELIVERY: The timing and route of delivery of pregnancies with FGR is based on a combination of factors, including umbilical artery (UA) Doppler findings, biophysical profile (BPP) score, nonstress test (NST)/cardiotocography (CTG) result, gestational age, and fetal weight. Patients with a reactive NST and BPP score 8/8, 10/10 or 8/10 with normal amniotic fluid volume:

•Persistent reversed a-wave of the DV Doppler: deliver immediately if ≥30+0 w. Before 30 w

individualize delivery

•UA reversed diastolic flow – Deliver between 30-32+0 weeks

•UA absent diastolic flow – Deliver between 33-34+0 weeks

•UA pulsatility index (PI) abnormal (PI >95 th percentile) – Deliver at 37+0 weeks

•UA PI normal (PI ≤95 th percentile):

-EFW <3 rd percentile and no comorbidities – Deliver at 37+0 weeks

-EFW ≥3 rd and <10 th percentile and no comorbidities – Deliver between 38-39+0 weeks

-FGR with oligohydramnios or comorbidities (eg, preeclampsia, chronic hypertension) –

Timing should be individualized, but most patients should be delivered between 34+0 and 37+6

weeks of gestation.

An unfavorable cervix is not a reason to avoid induction. We prefer mechanical ripening methods (insertion of a balloon catheter or laminaria) to prostaglandins.

Intrapartum management: Continuous fetal heart rate monitoring is indicated and umbilical cord blood analysis should be considered Elective Cesarean delivery is recommended if one or more of the following is present: abnormal cCTG STV, ductus venosus Doppler alteration, absent or reversed UA-EDF, altered BPP, maternal indication.