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TITLE

INFLUENCE OF DONOR SEMEN ON THE INCIDENCE OF PLACENTAL FAILURE AFTER INSEMINATION.

AUTHOR/S

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ABSTRACT

CONTEXT: it is suggested that heterological donor insemination (IUI) increases the risk of preeclampsia (PE) and restricted intrauterine growth (RIG) because of immunological factors.

OBJECTIVE: to determine the incidence of PE and RIG in these cases.

METHODS: Retrospective Cohort Study.

Patients: 64 donor, 172 partners' semen pregnancies are analysed between 2011 and 2015.

Interventions: data related to IUI, pregnancy and labour are analysed.

Main outcome measures: incidence of PE and RIG.

RESULTS: Both groups are homogeneous for age, IMC and gonadotropin dose. There is significance in days of stimulation (8,0 vs 9,2) [0,3-2,2]. Indications for ADI: 37,1% homosexual, 28,8% woman without partner, 22,9% male factor; and for IAC (Artificial Partner Insemination): 44% sterility of unknown origin, 23,5% ovarian factor infertility and 13,7% male factor. It is significant the patients rate with PI uterine arteries >95 in week 24 (9,5% vs 2,9%) (p=032). Related to obstetrical data, no differences were found in: type of pregnancy (94,0% singleton and 4,3% twin vs 90,0% and 10,0%), miscarriage (5,7% vs 1,1%) nor type of labour (64,2% ectopic pregnancy, 18,9% caesarean section, 17,0% forceps, in opposition to 59,6%, 22,6% y 17,1%). There is no significance in perinatal outcomes in: newborn weight (3.186 vs 3.054 gr), 1 or 5 minutes Apgar scores nor medium arterial Ph (7,22 versus 7,21). It is observed a high tendency in placental alterations in ADI (10,9%) In opposition to IAC (8,1%), without significance (p=0,502). In ADI, we see 28,6% of preeclampsia and 57,1% of RIG vs 42,9% and 50,0% in IAC.

CONCLUSIONS: patients subjected to ADI present more days of stimulation and higher PI in uterine arteries. Placental failure is superior and the lack of statistical significance might be due to the small sample.

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