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TITLE

NEONATAL OUTCOME IN IUGR PRETERM FETUSES AT OUR INSTITUTION

AUTHOR/S

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ABSTRACT

Objective: Describing Doppler of UA and MCA in preterm IUGR fetuses, in correlation to Perinatal Adverse short Outcome, and providing data for the outcome according to gestational age and weight to delivery, at our hospital.

Methods: Prospective observational study, during 2010 – 2014.

Patients: Pregnant women with unique fetus, between 26-37wGA, with intact membranes, with EFW< p.10th, and at least one abnormal Arterial fetal Doppler up to three days before delivery:DUPI > p.95th, AEDF(intermittent), REDF;MCAPI <p.5th; ICP <p.5th.

Interventions:Surveilling pregnancies with daily Doppler evaluations and Modified Biphysical Profile up to the moment of delivery.

Main Outcome Measures: Data about Adverse Perinatal Outcome as a complex of “mortality and severe morbidity”: HIV, LP, EN, BD, S.

Results: Study included 91 cases: Mean GA during diagnosis was 33wGA +/-2.1, EU Mean Fetal Weight 1471+/-368(g), Mean GA during delivery: 33.0±2.1wGA, Mean neonatal Weight:1477±360g. Mean GA with Perinatal Favorable Outcome: 33.7±1.8wGA, Mean Neonatal Weight with Favorable Outcome: 1591±298g, Mean Gets. Age with Adverse Perinatal Outcome: 31.8±2.0wGA, Mean Neonatal Weight with Favorable Perinatal Outcome 1257±370g. Perinatal deaths resulted around 11%, and about 60% resulted with Perinatal Favorable Outcome. Deaths and Severe Morbidity resulted significantly related to Gestational Age (LR 1.18 up to 2.82, p= 0.001) and Fetal Weight (LR 181 -486.6, p=0.001). Between Arterial Doppler parameters, absence of End Diastolic Flow in UA, was most related to Unfavorable Perinatal Outcome. OR 4.18, 95%CI (1.44-12.7)}.

Conclusion: Clinical managing of preterm hypotrof fetuses, must integrate Doppler evaluation with fetal wellbeing tests, and timing delivery must be according to the level of Local Intensive Care Unit.

INSTITUTE

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