

Abstracts

Trends in Cesarean Delivery: Rate and Indications

Mittal Shiba • Pardeshi Sachin • Mayadeo Niranjana • Mane Janki R

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The objectives of this study was to compare the cesarean delivery rates over the last decade and to examine the indications contributing to changed trends, if any.

The data were collected in a retrospective manner from all the deliveries that occurred between January 1 and December 31 in 2001, 2006, and 2011, in the department of obstetrics and gynecology, Seth G.S. Medical College and K.E.M. Hospital, a large tertiary care municipal hospital in Western India. A cohort of 20853 delivered women were studied. The rates and indications of primary and repeat cesarean sections were analyzed among the live births to estimate the relative contribution of each indication to the overall increase in rate.

The cesarean delivery rate increased from 171.70 to 289.30 per 1,000 live births, with an increase in primary cesarean delivery rate from 118.53 (69.03 %) in 2001 to 210.09 (72.62 %) in 2011 per 1,000 live births. Fetal distress, arrest of descent, multiple gestations, and fetal indications contributed to this increase. There was a significant increase in the total cesarean section rate with primary cesarean section accounting for most of the increase

Stillbirth in twins, exploring the optimal gestational age for delivery: a retrospective cohort study

S Wood, S Tang, S Ross and R Sauve

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The aim of this study was to evaluate the optimal gestational age at delivery for twins.

It's a Retrospective cohort study.

Database containing demographic, delivery, and pregnancy outcome data for over 600 000 births from 81 hospitals in Alberta, Canada. All twin births in Alberta, Canada, during 1992–2007, as recorded in the databases of the Alberta Perinatal Health Project.

The case files were reviewed for cause of death and any information regarding the gestational age at diagnosis of stillbirth. Multivariate logistic regression was used to examine the impact of potentially

confounding factors. The 'fetus at risk' approach was used to evaluate the prospective risk of stillbirth. Competing risks of stillbirth and neonatal death were evaluated with a perinatal risk ratio. Of a total of 17 724 twin births there were 236 antepartum stillbirths, 26 intrapartum stillbirths, and 244 neonatal deaths. The rate of stillbirth peaked at 7.0/1000 fetuses at risk at 38 weeks of gestation. On multivariate analysis, small for gestational age (odds ratio, OR 2.2; 95% confidence interval, 95% CI 1.35–3.59), birthweight discrepancy >20% (OR 2.67, 95% CI 1.42–5.03), and an interaction between these two variables (OR 2.94, 95% CI 1.31–6.59), were significant. The perinatal risk ratio suggested that the risks of delivery and expectant management were balanced at 36 weeks of gestation (RR 0.6, 95% CI 0.1–5.4), but the confidence interval included one, the null value, until 38 weeks of gestation (RR 0.1, 95% CI 0.02–0.40). The majority of stillbirths at term (14/25) occurred in monochorionic diamniotic twins. The estimated risk of stillbirth in this group was 2.3/1000 fetuses at risk at 37 weeks of gestation, and 17.4/1000 fetuses at risk at 38 weeks of gestation.

The balance of risk between neonatal death/intrapartum stillbirth and antepartum stillbirth begins to favour delivery at 36 weeks of gestation, particularly in monochorionic diamniotic twins.

Methotrexate success rates in progressing ectopic pregnancies: a reappraisal

Cohen A, Zakar L, Gil Y, Jonia AA, Bibi G, Almog B, Levin I.

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The purpose of this study was to determine the success rates of methotrexate in progressing ectopic pregnancies and to correlate them with beta-human chorionic gonadotropin (β hCG) levels.

This retrospective cohort study was carried out in a tertiary university-affiliated medical center included women who had been diagnosed with ectopic pregnancies between January 2001 and June 2013. Daily β hCG follow-up examinations were performed to determine the progression of the ectopic pregnancy. Women with hemodynamically stable progressing ectopic pregnancies received methotrexate (50 mg/m² of body surface).

One thousand eighty-three women were candidates for "watchful waiting" (β hCG follow up). Spontaneous resolution and decline of β hCG levels occurred in 674

patients (39.5%); 409 women (24.0%) had stable or increasing β hCG levels and were treated with methotrexate. In 356 women (87.0%), the treatment was successful; 53 women (13.0%) required laparoscopic salpingectomy. Compared with prompt administration of methotrexate, this protocol resulted in lower overall success rates for all levels of β hCG in women with progressing ectopic pregnancies: 75% in women with β hCG levels of 2500-3500 mIU/mL, and 65% in women with β hCG levels >4500 mIU/mL. A mathematic model was found describing the failure rates for methotrexate in correlation with β hCG levels. The success rates for methotrexate treatment in progressing ectopic pregnancies after daily follow-up evaluation of β hCG levels were lower than previously reported. This reflects redundant administration of methotrexate in cases in which the ectopic pregnancy eventually resolved spontaneously.

HIV in Women: The Gynecological Frontier

Goswami S, Chattopadhyay S
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The objective of the paper was to study the spectrum of gynecological disorders in HIV positive woman, which are often not given much importance as the issue of antiretroviral therapy and management of opportunistic infections occupy the major share of their treatment strategy.

It was an observational study which included 135 women. The study was conducted in the Medical College and Hospital, Kolkata from January 2010 to December 2012 after obtaining permission from the institutional ethics committee. All the HIV positive women who came to the gynecological outpatient department with gynecological complaints were included in the study. The seropositive women suffered from the same range of gynecological problems as in non-infected women. The most common complaints at presentation were vaginal white discharge and pruritus vulvae. The most common post-operative complication was fever. The HIV/AIDS is taking the shape of a generalized epidemic and with the advances in the antiretroviral therapy, the life expectancy of the patients was increasing. With the improvement of survival more and more of HIV positive women would present with problems pertaining to any system of the body and the gynecological complaint is not an

exception. Addressing these problems would lead to boosting up of the care and support of this subset of women

Trans-Caesarean Insertion of Intrauterine Contraceptive Device

Hameed T, Ara S
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To evaluate patient's acceptance, satisfaction & complications regarding trans-caesarean Intra Uterine Contraceptive Device or post placental intrauterine contraceptive device(PPIUCD)

Descriptive case series conducted in Gyn/Obs Unit – Holy Family Hospital Rawalpindi from 01-06-2012 to 31-05-2013.

Pregnant women who required caesarean (CS) section(elective or emergency) were counseled during antenatal visits & labour and consent was taken. Trans-caesarean IUCDs were inserted in 240 cases. During follow up visit at 6 wks, 3 and 6 months enquiry was made about IUCD expulsion, excessive bleeding, pain abdomen, backache, vaginal discharge and satisfaction rate, which were recorded on predesigned proforma. Data fed to SPSS 16. Frequencies and percentages and Mean \pm SD were computed to present all variables.

Out of 240 trans- caesarean IUCD insertions and follow up at 6 wk, 3 and 6 months. Cases lost to follow up were 64 (26.66%), 74(30.83%), 80 (33.33%) at 1st, 2nd & 3rd visit, respectively. Out of 176 women at 1st follow up visit, 120/176(68.18%) came in person, 56 (31.81%) were followed over telephone. Total follow up cases on 2nd & 3rd visit were 166 &160 women, among whom 108 (86.2%) Vs. 16 (13.7%) came in person and 99(88.3%) Vs 13(11.60%) were followed up over telephone. No problem was found in 94 (50.56%), but there were minor problems in 67(38.06%). In 5 (2.8%) IUCD was expelled, while in 6 (3.4%) IUCD had to be removed on request at the end of follow up. A total of 156(88.6%) IUCDs in situ were confirmed clinically and 09(5.11%) by ultrasound. Expulsion rate was 2.8%. Satisfaction rate was 89.9% at the end of 6 months. No case of misplaced IUCD, PID or uterine perforation was reported.

Trans-caesarean IUCD is an effective method of contraception in developing countries like Pakistan.