

Abstracts

Experience of Managing Urogenital Fistula

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The study was done to review the demography of urogenital fistulae including obstetric fistula (OF) and its surgical outcome in the early phase of fistula surgery and to create awareness about OF.

This was a retrospective study of 47 patients who underwent fistula surgery during the period of January 2012 to May 2014 in Kathmandu Model Hospital, Helping Hand Community Hospital, Camp in Mid-western Regional Hospital Surkhet and Hamlin Hospital, Ethiopia. The primary outcome was in terms of urinary continence after 14 days of repair.

In this study 70% (n=33) of fistula were due to obstructed labour and 30% (n=14) were due to hysterectomy for gynecological indications. Ninety six percent (n=45) had successful closure of fistula. Seventy seven percent (n=36) were continent after surgery, and 17% (n=8) had some stress incontinence.

The study showed obstructed labour was the major cause of OF, however iatrogenic fistula was also becoming common. Majority of the cases had successful closure of fistula with some degree of stress in some patients.

Abnormal Thyroid Function and Recurrent Pregnancy Loss

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The aim of this study was to observe the benefit of screening for thyroid function amongst women with recurrent pregnancy loss and effect of treatment for thyroid disorder on pregnancy outcome.

This was a longitudinal study conducted from June 2012 to December 2013. One hundred and three patients with recurrent pregnancy loss without features of thyroid disorder were included. They were investigated for thyroid stimulating hormone (TSH), free tri iodothyronin (FT3), free thyroxine (FT4) levels and for auto-antibodies against thyro peroxidase (antiTPO). The patients with abnormal TSH levels were treated with thyroxine depending on the level of TSH.

TSH, FT3, FT4 and anti TPO levels were measured. Amongst 103 ladies, thirty-eight (36.89%) had high levels of TSH. Thirty-five (33.98%) of them underwent

test for anti TPO, of which two (5.71%) had autoimmune thyroiditis. Nine(8.73%) out of 103 had high FT4 levels. Ladies with diagnosis of hypothyroidism underwent treatment and 17 (44.73%) out of 38 had conceived.

This study gives a positive message that hypothyroidism is a treatable cause for recurrent pregnancy loss.

Evaluation of Obstetric Near Miss and Maternal Deaths in a Tertiary Care Hospital in North India: Shifting Focus from Mortality to Morbidity

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Near miss audit improves understanding of determinants of maternal morbidity and mortality and identifies areas of substandard care. It helps health professionals to revise obstetric policies and practices.

A retrospective review of obstetric case records was performed to assess frequency and nature of maternal near miss (MNM) cases as per WHO criteria. For each case, primary

Obstetric complication leading to maternal morbidity was evaluated. Obstetric complications were analyzed to calculate prevalence ratio, case fatality ratio, and mortality index.

There were 6,357 deliveries, 5,273 live births, 247 maternal deaths, and 633 MNM cases. As per WHO criteria for Near miss, shock, bilirubin 6 mg%, and use of vasoactive drugs were the commonest clinical, laboratory, and management parameters. Hemorrhage and hypertensive disorders of pregnancy were leading cause of MNM (45.7 and 24.2 %) and maternal deaths (28.7 and 21.5 %). Highest prevalence rate, case fatality ratio, and mortality index were found in hemorrhage (0.53), respiratory diseases (0.46), and liver disorders (51.9 %), respectively.

Developing countries carry a high burden of maternal mortality and morbidity which may be attributed to improper management of obstetric emergencies at referring hospitals.

A Comparison of the “Hands-Off” and “Hands-On” Methods to Reduce Perineal Lacerations: A Randomised Clinical Trial

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The objective of the current study was to compare the “Hands-off” and “Hands-on” methods to reduce perineal lacerations.

This is a randomized controlled trial to compare the effectiveness of two techniques for perineum protection during spontaneous delivery. Study participants included 600 nulliparous expectant mothers, who were divided equally between the “hands off” and “hands on” groups (n=300 per group).

A total of 147 (49 %) women in the “Handson” and 143 women (47.7 %) in the “Hand-off” groups encountered perineal trauma ($p = 0.74$). In the “Handson” group, 8 women (2.7 %) experienced a third degree trauma compared with (0.3 %) that in the “Hands-off” method ($p = 0.1$). Episiotomy was performed on 38 women (12.7 %) from the “Handson” and 17 (5.7 %) women from the “Handsoff” ($p = 0.003$) groups. In addition, 28 women (9.3 %) from the “Handson” group and 47 women (15.7 %) from the “Hands-off” group experienced periurethral tears ($p = 0.01$) that did not need mending.

Application of the “Hands-off” method offers a safer alternative for perineal control during labor.

Impact of third- and fourth-degree perineal tears at first birth on subsequent pregnancy outcomes: a cohort study

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To investigate, among women who have had a third- or fourth-degree perineal tear, the mode of delivery in subsequent pregnancies as well as the recurrence rate of third- or fourth-degree tears.

This is a retrospective cohort study of deliveries using a national administrative database between 1 April 2004 and 31 March 2012.

A total of 639 402 primiparous women who had a singleton, term, vaginal live birth between April 2004 and March 2011, and a second birth before April 2012.

Mode of delivery, other risk factors and recurrence of tears at second birth were looked into.

The rate of elective caesarean at second birth was 24.2% for women with a third- or fourth-degree tear at first birth, and 1.5% for women without (adjusted odds ratio, aOR 18.3, 95% confidence interval, 95% CI 16.4–

20.4). Among women who had a vaginal delivery at second birth, the rate of third- or fourth-degree tears was 7.2% for women with a third- or fourth-degree tear at first birth, compared with 1.3% for women without (aOR 5.5, 95% CI 5.2–5.9).

The risk of a severe perineal tear is increased five-fold in women who had a third- or fourth-degree tear in their first delivery.

Use of hemoglobin A1c as an early predictor of gestational diabetes mellitus

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The purpose of this study was to assess an early hemoglobin A1c (HgbA1c) value from 5.7-6.4% as an early predictor of progression to gestational diabetes (GDM).

A retrospective cohort study was performed on all women who delivered at a single institution over 2 years who had an early screening HgbA1c test performed at 20th weeks of gestation. Women with known preexisting diabetes mellitus or HgbA1c values $\geq 6.5\%$ were excluded. The primary outcome was GDM development. Secondary outcomes included delivery route, maternal weight gain, birthweight, and neonatal morbidities. Women with an HgbA1c value of 5.7-6.4% were compared with those with an HgbA1c level of $<5.7\%$.

Nearly one-third of those patients in the HgbA1c 5.7-6.4% group (27.3%) experience the development of GDM compared with only 8.7% in the HgbA1c $<5.7\%$ group (odds ratio, 3.9; 95% confidence level, 2.0–7.7). This 3-fold increase remained significant (adjusted odds ratio, 2.4) after adjustment for age, prepregnancy body mass index, gestational age at HgbA1c collection, gestational age at screening, ethnicity, and method of screening. There were no significant differences in the need for medical treatment, weight gain, delivery route, birthweight, macrosomia, or neonatal morbidities.

More than 10% of patients in our cohort had an early screening HgbA1c value of 5.7-6.4%. Women in this group have a significantly higher risk of progression to GDM compared with women with normal HgbA1c values.