

Abstracts

Evolution until Puberty of Girls Followed For Fetal Ovarian Cyst (FOC)

Category: Non-Surgical Gynecology

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Objective: The objective is to monitor patients presenting with a fetal ovarian cyst (FOC). The question asked is the risk of recurrence and puberty disorders due to FOC. In 2009, the study approved by the Ethics Committee is based on multidisciplinary monitoring, in order to avoid systematic ovarian surgery.

Method: This observational, prospective study included 83 girls followed at Toulouse Children's Hospital for FOC. Historical data were collected through computerized medical record. Of 83 eligible patients, 51 agreed to participate. They completed a questionnaire on recent clinical, ultrasound and hormonal data. Regarding the 54 FOC including 3 bilateral cysts, 32 (59.3%) were simple, 22 (41%) were complex. Twenty-three cysts are small (diameter <40mm) and 31 are large, punctured in seven cases.

Results: Their median age was 11.6 years [8.6-17.6]. Fifty-two patients (96%) had no recurrence of ovarian cysts. Only one regressive ovarian cyst was noted. Thirty-seven patients (72.5%) had pubertal signs, 18 patients had menarche (36%). The median age of puberty onset was 11 years 95% CI (10.5-11.5) and that of first menstruation was 13 years 95% CI (12.2-13.6). No significant difference in the age of menarche, AMH levels, ovarian volume was noted.

Conclusion: This is the first long-term follow-up clinical study of FOC. Whether simple or complex, small or large, punctured or not. FOCs do not modify the pubertal profile (the age of the first menstrual period, menstrual cycle disorders). The risk of peripubertal recurrence is minimal, not higher than in the normal population.

Lateral Episiotomy Versus No Episiotomy To Reduce Obstetric Anal Sphincter Injury In Vacuum Assisted Delivery In Nulliparous Women (Eva): A Multicenter Randomized Controlled Trial.

Category: Childbirth

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Objective: Obstetric anal sphincter injury (OASI) occurs in approximately 12% of vacuum deliveries

in nulliparous women in Sweden. The objective is to investigate if routine lateral episiotomy compared with no episiotomy will reduce the prevalence of OASI at vacuum delivery in nulliparous women, and to assess short- and long-term effects.

Method: This is a multicenter randomized controlled trial of lateral episiotomy versus no episiotomy including 710 nulliparous women with a singleton, live fetus, after gestational week 34+0, with vacuum delivery. Women were included 2017-2023 and randomized at a 1:1 ratio. The primary outcome is OASI defined by clinical diagnosis and analyzed according to intention-to-treat. Secondary outcomes are maternal blood loss and postpartum pain, and neonatal Apgar score. Trial registration 28 December 2015 on www.clinicaltrials.gov (NCT02643108).

Results: To date, 690 first-time mothers delivered with vacuum have been randomized. Last patient in is anticipated in February 2023 and primary outcome results anticipated in March 2023. Irrespective of the results, it will be game-changing for many countries. Either those who practice routine episiotomy, or those who do not. The results will be presented for the first time at FIGO.

Conclusion: Routine lateral episiotomy at vacuum assisted delivery in nulliparous women reduces/does not reduce the prevalence of clinically diagnosed obstetric anal sphincter injury. Maternal blood loss and postpartum pain, and neonatal Apgar scores were improved/not improved

Is There A Role For Iron In the Endometrium From Women With Abnormal Uterine Bleeding (AUB)?

CATEGORY: REPRODUCTIVE MEDICINE

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Objective: Abnormal Uterine Bleeding (AUB), a debilitating symptom, affects 1-in-3 reproductive age women and is a leading cause of iron deficiency (ID)/iron deficiency anemia (IDA), Iron is involved in tissue repair processes elsewhere in the body. This study investigates whether iron plays a role in the endometrium and menstrual bleeding

Method: Endometrial samples (REC: 20/ES/0119:19/55/0102) were carefully categorized according to clinical history, menstrual cycle stage, presence of intramural fibroids (AUB-L) or no structural cause of AUB (AUB-E). Total RNA was extracted from proliferative (AUB-Ln=6, AUB-E n=6) and secretory phase (AUB-Ln=6, AUB-E n=6) endometrium, and bulk RNA sequencing performed (Lexogen Quantseq). Differential analysis compared AUB-L with AUB-E, in respective menstrual cycle stage, and focused on: biological processes, molecular function, cellular component, and, pathway analysis (Reactome).

Results: Pathways identified in endometrium from women with fibroids (AUB-L) versus AUB-E, relating to iron include: iron ion homeostasis, uptake and transportation, binding, and, iron- sulfur cluster related pathways, Key regulators of iron metabolism (Hepcidin, Ferroportin, Transferrin Receptor 1, Ceruloplasmin) were identified to be present in the endometrium from all endometrial samples from women with AUB-L and AUB-E.

Conclusion: A potential role of iron within the endometrium has been identified. AUB, ID and IDA remain under-recognized and under-reported. Further exploration is required to understand if ID/ IDA caused by AUB, have a negative impact on endometrial repair processes that further exacerbate menstrual bleeding.

Major Post-Partum Hemorrhage After Frozen Embryo Transfer: A Population Based Study

Category: Reproductive Medicine

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Objective: Growing evidence suggests frozen embryo transfer (FET) is associated with better perinatal outcomes. However, very few studies have analyzed the impact of FET on the main obstetric cause of maternal death, major post-partum hemorrhage (PPH). We investigated the association between mode of conception and major PPH.

Method: The French Burgundy Perinatal Network database, including all deliveries from 2006 to 2020, was linked to the regional blood center database. Major PPH was defined as PPH requiring blood transfusion and/or emergency surgical intervention. FET and

spontaneously conceived pregnancies, and FET and fresh-embryo in vitro fertilization (IVF) pregnancies, were compared using multivariate logistic regression. Then, FET and spontaneous pregnancies were matched 3:1 and odds ratios (ORs) were calculated using conditional logistic regression adjusted for potential confounders.

Results: 240259 women were eligible of whom 878 had pregnancies conceived through FET and 1773 through IVF. The risk of major PPH was higher in FET than spontaneously conceived pregnancies (adjusted OR [OR] 1.86, 95% confidence interval [CI] 1.21-2.87). After matching, this association was stronger (aOR 4.09, 95% CI 2.96-5.65). The risk of major PPH was also higher in FET than IVF conceived pregnancies (aOR 1.87, 95% CI 1.11-3.14).

Conclusion: FET conceived pregnancies have a higher risk of major PPH. These findings are important in view of the increasing use of frozen cycles.

Prognosis And Adverse Events of Bevacizumab Usage In Advanced, Metastatic, Recurrent Cervical Cancer Patients With Radiotherapy: The Systematic Review and Meta- Analysis

CATEGORY: Gynaecological Cancer

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Objective: Based on GOG 240 trial, bevacizumab is widely used for advanced cervical cancer. However, patients treated with ra- diotherapy and bevacizumab may have higher incidence of fistula and organ perforation. This systematic review aims to investigate the prognosis and adverse events of bevacizumab usage in cervical cancer patients treated with radiotherapy.

Method: We used the databases obtained from the PubMed, Embase, Web of Science, and Cochrane databases from inception to 25 September 2022 and followed the Preferred Reporting Items of Systematic Reviews and Meta-Analyses (PRISMA) guidelines. Studies of the contrasting the bevacizumab-containing treatment and non-bevacizumab-containing treatment in cervical cancer pa- tients exposed to radiotherapy were included. The statistical ana- lyzes were performed using Comprehensive Meta-Analysis. The protocol was registered at PROSPERO (CRD42022361094).

Results: Of 2119 search results, 16 articles included for a meta-analysis. A meta-analysis showed a trend of prognosis favoring patients received bevacizumab-containing treatment, but the difference did not reach statistical significance. The incidence of gastrointestinal and urinary tract perforation or fistula were much higher among patients treated with bevacizumab, [OR = 1.55, 95% CI: 1.31-2.08; P=0.03] and [OR 1.69, 95% CI: 1.40-2.16; p=0.04].

Conclusion: Cervical cancer patients treated with bevacizumab and radiotherapy may have higher risk of gastrointestinal and urinary tract perforation/fistula. These adverse events may affect the life quality. Therefore, clinicians could take the results of this study into consideration to decide the treatment plan for cervical cancer patients treated with radiotherapy.

Myometrium Restoration In Placenta Accreta Spectrum; A New Conservative Technique

CATEGORY: CHILD BIRTH

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Objective: The study describes a new technique in which myometrial defects arising after complete placental separation are closed without resection of the myometrium. The study evaluates the success of this technique in different degrees of placenta accreta spectrum and explores its value in cases of lateral and posterior uterine wall invasion.

Method: This prospective cohort study was made by Alexandria's multidisciplinary team from July 2020 to April 2023 in El-Shatby University Hospital on 159 patients divided into three groups (accreta, increta, and percreta) according to ultrasound. Conservation was attempted through bladder mobilization with complete hemostasis, complete placental separation starting from posterior uterine wall, and closure of myometrium defects transversely or longitudinally by running sutures. Demographics and operative data were compared. Sample size was calculated at 0.05 significance.

Results: The uterus was spared in 95% of patients. Hysterectomy was done in 10.9% and 5.3% of patients with percreta and increta, respectively (P=0.031). The mean estimated blood loss was 2220.8 ml, packed red blood cells transfused was 2.9 units, hospital stay was 3.2 days with a significant difference between the groups (P<0.001). The bladder was injured in 11.9% with a significant difference between them (P<0.001). 20.8% were admitted to intensive care unit.

Conclusion: Using this technique, uterine conservation of all variants of placenta accreta spectrum is possible in 95% of cases including posterior and lateral wall invasions which is beneficial to the young age population who present with placenta accreta spectrum in developing countries.

Early Detection of Postpartum Hemorrhage And Treatment Using The World Health Organization Motive 'First Response Bundle: A Cluster Randomized Trial

CATEGORY: CHILD BIRTH

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Objective: To evaluate the implementation of early detection and the use of the WHO MOTIVE 'first response' treatment bundle for PPH, using a multi-country, parallel cluster randomized trial design with a baseline control phase in 86 secondary-level health facilities in Kenya, Tanzania, Nigeria, South Africa, and Pakistan.

Method: E-MOTIVE intervention consists of three elements: a strategy for early detection of PPH, allowing triggering the 'first response' bundle; a 'first response' bundle called "MOTIVE", based on WHO recommendations, consisting of uterine Massage, Oxytocics, Tranexamic acid, IV fluids, Examination

and Escalation: and an implementation strategy, focusing on simulation-based training with peer-assisted learning, local E-MOTIVE champions, feedback of actionable data to providers, calibrated drape, and MOTIVE emergency trolley/carry cases. Control is usual care with current guidelines.

Results: The E-MOTIVE study is acquiring post-randomization intervention data in Kenya, Nigeria, South Africa, and Tanzania. Pre-randomization baseline data collection is underway in Pakistan, and whilst this is ongoing, the intervention will be refined through 'adaptive cycles' which test the intervention and implementation strategy. Primary outcome: Composite of severe PPH (blood loss $\geq 1000\text{mL}$) or postpartum laparotomy for bleeding or postpartum maternal death from bleeding. Study to report results by Q2 2023 on over 215000 women.

Conclusion: To be presented.

Role of Second Trimester Uterine And Ophthalmic Artery Doppler Indices In Predicting Adverse Outcomes

CATEGORY: PREGNANCY

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Objective: To assess the role of maternal factors, mean arterial blood pressure (MABP), second trimester Uterine and Ophthalmic artery Doppler indices in predicting adverse outcomes in low-risk and high-risk pregnancies.

Method: Study was being held at IPGME&R, O&G Dept for 1 year with 100 pregnant women. Uterine artery doppler PI and ophthalmic artery PI and PSV have been taken in average for both left and right arteries. All other regular parameters like MABP and maternal history were tabulated. Outcomes are preeclampsia, abruptio placenta, still birth and IUGR. We established cut off values of uterine and ophthalmic artery doppler to respective adverse outcomes by ROC curve analysis.

Results: There are 39% high risk and 61% low risk population out of 100 patients. By ROC Uterine artery doppler PI cut off value at 1.71, 1.53, 1.78 and 1.78 for four outcomes, ophthalmic artery PI cut off value of 2.74, 2.41, 1.62 and 2.41 and ophthalmic artery PSV cut off value of 65, 51.87, 31.27 and 65.

Conclusion: Doppler indices like uterine artery PI and ophthalmic artery PI and PSV can predict preeclampsia and IUGR in high-risk population and abruptio placenta in low risk population. High-risk population came significant with preeclampsia, stillbirth and IUGR.

Perineal Massage During The Second Stage of Labour For Preventing Perineal Trauma In Nulliparous Women: A Randomized Controlled Trial

CATEGORY: CHILDBIRTH

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Objective: To determine the effectiveness of perineal-massage during the second-stage-of-labour in preventing perineal trauma in nulliparous women.

Method: A randomized-control-trial involving 104 nulliparous- women undergoing vaginal-delivery. The participants were randomized-into-two-arms (intervention-group 'A' and control- group 'B') in a 1:1 ratio. The intervention-group had lubricated- perineal-massage and routine hands-on-technique according to the hospital-protocol while the control-group received only hands-on- technique. The primary-outcome-measure was the proportion of participants having perineal-tears during vaginal-delivery, while the secondary-outcome-measures were; the proportion of participants having episiotomy during vaginal-delivery, duration-of-second- stage-of-labour, perineal-pain and its severity, neonatal-birth- weights and first and fifth minute Apgar-scores. www.pactr.org. PACTR-202207835155214.

Results: The socio-demographic-and-maternal-characteristics of the-participants were similar in both-arms. Perinealtrauma in the-intervention-group (massage-group) was significantly lower than in the-control-group (27 [51.9%] vs 40 [76.9%]; $P=0.003$). Episiotomy-rate (25.0% vs 42.3%; $p=0.038$), mean-level-of-perineal- pain at 4h postpartum (4.25 ± 0.27 vs 6.12 ± 0.53 ; $p=0.027$), mean-level-of-perineal-pain at 24h postpartum (2.23 ± 0.12 vs 4.15 ± 0.31 ; $p=0.019$), and mean-duration-of-second-stage-of-labour (83.10 ± 17.49 min vs 94.23 ± 18.92 min; $P=0.002$) were significantly lower in the-intervention-group. There was no significant-difference in the neonatal outcomes (head-

circumference, birth-weight, the first and fifth minutes Apgar-scores: $P>0.05$) between-the-two-groups. Conclusion: Perineal massage significantly decreases the risk of perineal tears, episiotomy rate, perineal pain and duration labour among nulliparous parturients during second stage of labour. However, it has no significant effect in neonatal-outcomes.

Using the 10-Group (Robson) Classification To Categorize Stillbirth And Early Neonatal

Mortality: Cross-Sectional Data From 16 Hospitals Of

Sub-Saharan Africa

Category, Childbirth

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Objective: Globally every year, 2 million babies are born dead and 2.4 million die within the first 28 days of life. The 10-group (Robson) classification allows analysis of reasons of deaths allowing the development of targeted interventions. Here we apply

the 10-group classification to data from Benin, Malawi, Tanzania and Uganda.

Method: Our ongoing, prospective observational study in 16 hospitals collects information since July 2021. We include all hospital births of a fetus above 1000g to women aged 13-49 ($n=71000$ mother-baby pairs at submission). We document antenatal and obstetric risk factors and fetal outcomes. We analyze the proportion of stillbirths (pre-labor and intrapartum) and early 24-h perinatal deaths using the 10-group classification. We compute death rates and the relative contribution to overall mortality rates.

Results: Over 70% of the hospital births are in the low-risk groups (singletons in primipara, group 1 or multipara, group 3). The proportion of pre-labor and intrapartum stillbirths are 0.7% and 0.5% (group 1) and 1.1% and 0.5% (group 3) giving a relative contribution of 35% and 40% to the overall stillbirth rate. Pre-labor, intrapartum and 24-h mortality is above 6%, 4% and 3% in breeches, respectively, contributing 19%, 20%, and 9% to the overall mortality.

Conclusion: A high relative contribution of stillbirths is seen in low-risk groups which make up almost two-thirds of all births calling for improved quality midwifery care. Very high mortality is observed in breech deliveries making it paramount to intensify action to improve labor management for breech presentation.