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ASSESSMENT OF FETAL VENTRICULAR EJECTION TIME AND EARLY TO ATRIAL DIASTOLIC PHASE VELOCITY RATIO (E/A) IN PREGNANCIES ASSOCIATED WITH LOW LIQUOR VOLUME.
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CONCLUSION
The birth weight of the smaller twin in MCDA twins with sUGR depends on the subtype. Larger numbers are required to analyse mortality in the subgroups.

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FETAL HEART RATE CATEGORIES II AND SHORT-TERM NEONATAL OUTCOMES, IS THERE DIFFERENCE BETWEEN LOW RISK AND HIGH RISK PREGNANCY?
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AIM
The specific goal of electronic fetal monitoring is to detect high risk fetuses for hypoxic status. In this condition, early intervention may prevent the adverse neonatal outcome. The purpose of our study was to estimate the proportions of hypoxic fetal and short term neonatal outcomes in high-risk and low risk mothers with category II fetal heart rate pattern.

METHODS
From retrospective and prospective data, a total of 594 cases divided into low risk and high risk pregnancy. Two obstetricians, blinded to neonatal outcomes reviewed intra-partum fetal heart rate tracing. Umbilical artery pH at birth, Apgar at 1 min, Apgar at 5 min and admission to the neonatal care unit were assessed. Differences between categorical variables were evaluated using Chi-square or Fisher's exact test.

RESULTS
This study showed that high risk women had more significant adverse neonatal outcomes in relation to variable deceleration, tachycardia and overshoot patterns. The proportion of I-minute Apgar <7 and neonatal intensive care unit admission were reported more common in high risk mothers with shoulder pattern. There was no significant difference between two groups of women with low-deceleration pattern.

CONCLUSION
With respect to mother's condition, neonatal outcome might differ according to specific fetal heart tracing type II.

KEYWORDS
Intra-Partum Fetal Monitoring, High Risk Pregnancy, Inotrope Intravenous, Fetal Cardiotocography Type II, Variable Deceleration.

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OBESITY AND PREGNANCY
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INTRODUCTION
Globally, obesity in pregnancy has been linked to many complications such as diabetes mellitus, pregnancy induced hypertension and many more. This research was a retrospective study conducted to observe the difference in risk between normal weight, overweight and obese mothers in developing complications during pregnancy from the postnatal ward in Hospital Tuaran Sibudan, Sandakan.

MATERIALS
Consent from mothers was obtained from a total of 182 mothers of which 63 were of normal weight, 60 were overweight and 59 were obese. Survey forms were used and the collected data was analyzed using SPSS 20.0 programme.

RESULTS
A significant increase in birth weight (p<0.05, p=0.04 and obese: p=0.05, p=0.001 as compared to normal) and mean number of children in the groups with higher BMI were found. Also, an increased number of cases of gestational diabetes mellitus (GDM- 7.4% increase), pre-eclampsia (19.5% increase in both overweight and obese), neonatal infection (3.7% increase in obese), deep vein thrombosis (DVT- 2% increase in obese), newborn admissions (5.85% increase in overweight and 8.94% increase in obese and mean cesarean delivery rates (9.76% increase in overweight) and 24.4% increase in obese) were seen in the groups with a higher BMI. Decreased Apgar score was found in the groups with higher body mass index (BMI -0.84% in obese and -0.21% in obese). The study concluded that there is an increased risk of complications in pregnancy and labour in overweight and obese mothers.

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ASSESSMENT OF FETAL VENTRICULAR EJECTION TIME AND EARLY TO ATRIAL DIASTOLIC PHASE VELOCITY RATIO (E/A) IN PREGNANCIES ASSOCIATED WITH LOW LIQUOR VOLUME.
SRIPRITY T, Swaminathan TS, Kulasekaran R, Rajasekar KV, Devambigai D
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AIM
This study is to evaluate the fetal ventricular ejection time and early to atrial diastolic phase velocity ratio (E/A) in pregnancies associated with low liquor volume, as these are indicators of fetal cardiac systolic and diastolic dysfunction respectively.

METHODS
The study included 20 normal fetuses with no associated maternal risk factors with normal liquor volume for the period of gestation (group 1) and 20 fetuses associated with isolated reduction in liquor volume (group 2). Association of other maternal factors in exclusion. All fetuses had a gestational age of more than 28 weeks. The ventricular ejection time for right and left ventricles were measured by placing the sample volume at the respective outflow tracts. The early to atrial diastolic velocity ratio for the right and left sides of the fetal heart were measured by placing the sample volume across the inflow tracts in access the included and maternal value respectively.

RESULTS
Sensitivity, specific and significant differences were found in the mean values between groups: 1 and 2 for the ejection time of the right ventricle and for the E/A ratio of right side of heart. The mean ejection time and E/A ratio were less in group 2 when compared with group 1. No significant differences were observed between the ejection time of the left ventricle and the E/A ratio of left side of heart.
Fetal Heart Rate Categories II and Short-Term Onsetal Outcomes, Is There Difference between Low Risk and High Risk Pregnancy?

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Abstract

Aim: The specific goal of electronic fetal monitoring is to identify high risk features for hypoxic or ischemic injury. In this study, we aimed to assess the relationship between fetal heart rate (FHR) categories and short-term neonatal outcomes in women with low risk health profiles. The purpose of our study was to estimate the proportion of hypoxic fetuses and short-term neonatal outcomes in low risk women. We hypothesized that FHR categories were associated with low risk pregnancy. The aim of this study is to examine the relationship between FHR categories and short-term neonatal outcomes in low risk women.

Methods: The study was conducted in the Department of Obstetrics and Gynecology, Imam Rehamni hospital, Tehran University of Medical Sciences. A total of 500 pregnant women were selected. The study was approved by the institutional review board. Fetal heart rate was monitored using an electronic fetal monitoring system (EDM). Gestational age and maternal age were recorded. All newborns were examined by obstetricians and neonatologists. The primary outcomes were low risk pregnancy, intrapartum hypoxia and hypoxic/ischemic injury.

Results: The study found that low risk women had more significant antenatal assessments, intrapartum monitoring, and more postnatal assessments. The proportion of preterm <1000 g, age <7, and neonatal intensive care unit admission were reported more commonly in high-risk women, but there was no significant difference between the two groups of women with respect to neonatal outcomes.

Conclusion: Our results suggest that intrapartum hypoxia and hypoxic/ischemic injury are associated with higher risk of short-term neonatal outcomes in low-risk women. Further research is needed to confirm these findings.

Discussion

The results of our study showed that among women who had higher FHR categories, there was a higher proportion of neonatal outcomes (IA: pH <7.1, Apgar score <7 at 1 min, Apgar score <7 at 5 min, and NICU admission in low-risk pregnancy) than women with lower FHR categories. The proportion of preterm <1000 g, age <7, and neonatal intensive care unit admission were reported more commonly in high-risk women, but there was no significant difference between the two groups of women with respect to neonatal outcomes.

Materials and Methods

The retrospective and prospective study was conducted in a labor ward of "Tehran General Women Hospital" between October 2013 and October 2014. We aimed to assess short-term neonatal outcomes in low-risk and high-risk pregnancies with category III FHR patterns during the time from before delivery. Institutional approval for the study was granted by Tehran University of Medical Sciences.

We included women who were singleton pregnancy with category IV FHR patterns, with fetal heart rate monitoring by fetal heart monitor or fetal heart rate monitor (EDAN, China). All newborns were examined by obstetricians and neonatologists. The primary outcomes were low risk pregnancy, intrapartum hypoxia and hypoxic/ischemic injury.

Results

A total of 500 pregnant women were included in the study. 359 pregnant women met criteria for low-risk pregnancy, and 271 women were included for low-risk pregnancy. Labor was vaginal delivery in 421 patients and cesarean delivery in 79 patients.