

**CONCLUSION**

The birth weight of the smaller twin in MCDA twins with sIUGR depends on the subtype. Larger numbers are required to analyse mortality in the subgroups.

**P - 67****FETAL HEART RATE CATEGORIES II AND SHORT-TERM NEONATAL OUTCOMES, IS THERE DIFFERENCE BETWEEN LOW RISK AND HIGH RISK PREGNANCY?**

SHIRAZI M, Shahbazi F, Rahimisharbat F, Akhavan S, Pirjani R

Perinatology Ward, Tehran General Women Hospital, Tehran University of Medical Sciences, Iran

**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 fetus 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 1min, Apgar at 5min 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 1-min 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 late 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; Indeterminate Pattern; Fetal Cardiotocography Type II; Variable Deceleration

**P - 68****OBESITY AND PREGNANCY**

Rani SKG, SIM JPC, Lim WK, Rajoopathy PK, Rajasingam V

General Obstetrics and Gynaecology, International Medical University, Malaysia

**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 post natal wards in Hospital Tuanku Ja'afar, Seremban.

**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 (overweight-  $p < 0.05$ ,  $p = 0.004$  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- 70% increase), pre-eclampsia (150% increase in both overweight and obese), wound infection (5% increase in obese), deep vein thrombosis (DVT- 2% increase in obese), newborn admissions (5.05% increase in overweight and 6.94% increase in obese) and mean caesarean 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.

**P - 69****ASSESSMENT OF FETAL VENTRICULAR EJECTION TIME AND EARLY TO ATRIAL DIASTOLIC PHASE VELOCITY RATIO (E/A) IN PREGNANCIES ASSOCIATED WITH LOW LIQUOR VOLUME.**

SRIPRIYA T, Swaminathan TS, Kulasekaran N, Rajasekhar KV, Devambigai D

Radiology, Dr.Kamakshi Institute of Medical Sciences and Research, India

**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/ fetal 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 illness was excluded. 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 phase diastolic velocity ratio for the right and left sides of the fetal heart were measured by placing the sample volume across the inflow tracts ie across the tricuspid and mitral valves respectively.

**RESULTS**

Statistically 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 for the E/A ratio of left side of heart.