MATERENAL OUTCOME OF EARLY VERSUS LATE TERMINATION OF PREGNANCY AMONG PREGNANT MOTHERS WITH PRENATAL DIAGNOSIS OF LETHAL FETAL ANOMALIES: A RETROSPECTIVE REVIEW

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Objective

To compare the maternal morbidity between early (21+0 weeks gestation and below) and late (22+0 weeks gestation and above) termination of pregnancy (TOP) among pregnant mothers with prenatal diagnosis of lethal fetal anomalies.

Methods

This was a retrospective study reviewing all patients diagnosed prenatally to carry lethal fetal anomalies in Hospital Tengku Ampuan Alzan, Kuantan, Pahang, Malaysia during the year 2011.

Patient data was traced from the hospital record office.

As World Health Organisation (WHO) uses 22 weeks gestation as threshold for defining stillbirths, thus we uses 22 weeks gestation as limit of gestational age for grouping of early and late TOP.

The study samples were divided into 2 groups, i.e. early (21+0 weeks gestation and below) and late (22+0 weeks gestation and above) TOP groups.

These TOPs were decided based on Section 312 of the Penal Code that a termination of pregnancy is permitted in circumstances where there is risk to the life of the pregnant woman or threat of injury to her physical or mental health.

The maternal morbidities and outcome of these 2 groups of patients were compared respectively.

Data was analyzed by using SPSS version 18.0.

Results

- There were 25 patients diagnosed (via ultrasound with or without genetic study) to have lethal fetal anomalies. The types of anomalies are shown in Figure 1.

- Seven (28.0%) and 18 (72.0%) patients had early and late TOP respectively. No maternal mortality occurred in these 2 groups. Table 1 presents demographic and clinical characteristics of the study samples.

- Patients with late TOP were more prevalent to morbidities compared to early TOP arm (Figure 3). Those patients with symphotic polyhydramnios required amnioreduction. Two patients developed gestational hypertension with 1 of them developed impending edoampia requiring 5V MgSO4 infusion, however, there was higher prevalence of retained placenta in the group of early TOP with one of them developed endometritis following manual removal of retained placenta.

Discussion

- According to one study in United States, the risk of death associated with childbirth was approximately 14 times higher than that with abortion. In this study, maternal mortality occurred in neither early nor late TOP groups. Nevertheless, higher morbidity rate among the late TOP patients may suggest delayed TOP carries increased pregnancy-associated risk.

- Risk of termination increases with advancing gestational age. Many dangerous pregnancy-related complications such as pregnancy-induced hypertension and placental abnormalities manifest themselves in late pregnancy; early abortions avoid these hazards. Similarly, in this study, many pregnancy-related morbidities i.e. abnormal lie, polyhydramnios, post-partum haemorrhage, blood transfusion, gestational hypertension with impending edoampia, uterine rupture and prolonged hospitalisation occurred mostly in the late TOP group.

- Patients with late TOP seem to have more morbidities compared to patients with early TOP though the sample size is too small to yield statistically significant result.

- It may suggest that early prenatal diagnosis and TOP are essential to minimize the maternal morbidities and improve the outcome.

- More data need to be recruited to prove this outcome.

References


Accessed April 12, 2012.