

VIRTUAL MEDICAL RESEARCH SYMPOSIUM



MEDICAL RESEARCH
DURING PANDEMIC:
ADAPTING & INNOVATING
IN ADVERSITY

14TH DECEMBER 2021

ABSTRACT BOOK





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ABSTRACTS

ORAL PRESENTATIONS



OC119

A COHORT STUDY ON OBSTETRIC OUTCOME OF OBESE PRIMIGRAVIDA WITH SPONTANEOUS ONSET OF LABOUR AT TERM

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Introduction: Obesity has reached pandemic level with higher prevalence among women. Obese pregnant women have higher risk of comorbidities, prolonged pregnancy, poor labour progress, caesarean delivery, maternal and foetal complications. This study aimed to determine the prevalence of vaginal delivery and pregnancy outcome of obese primigravida presented with spontaneous labour at term. **Materials and Methods:** This prospective cohort study was conducted in a tertiary hospital involving 250 obese primigravida (BMI $\geq 27.5 \text{ kg/m}^2$) and 250 normal BMI primigravida. Data collected from August 2020 till January 2021 and analysed by descriptive statistics, independent T-test and Mann-Whitney test using SPSS version 23.0. **Results:** Our study found that there were no significant differences in the prevalence of vaginal delivery and caesarean delivery between obese and normal weight primigravida. No difference in labour complications such as postpartum haemorrhage and obstetrics anal sphincter injury (OASIS), with high successful delivery without complications. Obese women presented with cervical dilatation of 4cm had longer delivery interval [5.82(2.97) vs. 4.75(2.71), $p=0.013$] but shorter delivery interval at 6cm [2.41(1.58) vs. 3.61(1.78), $p=0.026$] compared to normal BMI. They also had higher caesarean rate indicated for abnormal labour progress [28(71.8) vs. 11(28.2), $p=0.019$] and higher comorbidities [149(72.3) vs. 57(27.7), $p<0.001$]. There was no difference in foetal outcome. **Conclusion:** With careful selection, obese women with spontaneous labour at term are safe for vaginal delivery as they have similar risk of labour augmentation, duration of active labour, caesarean delivery, postpartum haemorrhage, and OASIS despite higher comorbidities.





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