PERINATAL OUTCOME AMONG WOMEN WITH REDUCED PERCEPTION OF FETAL MOVEMENTS – AVITAL SKORNIK-KRAFPO2, SHARON MASLOVITZ1, ESTHER SKORNIK1, MICHAEL KUPFERM1, YUVAL YARON1, JOSEPH LESSING1, JESSICA ASCHER-LANDSBERG JR1, ARIEL MANAY1, 1Tel Aviv university, Lis Maternal Hospital, Tel Aviv Sourasky Medical Center, Obstetrics & Gynecology, Tel Aviv, Israel, 2Tel Aviv Sourasky Medical Center, Computers dep, Tel Aviv, Israel

OBJECTIVE: We aimed our study at determining the perinatal outcome of all women who initially referred for cNST had subjectively reduced perception of fetal movements.

STUDY DESIGN: We reviewed real-time computerized medical files of women referred to our obstetrics emergency room (ER) following a primary complaint of subjectively reduced perception of fetal movements. All women underwent full biophysical score (BPS) and were asked to count fetal movements during their stay in the ER. Outcome measures were compared to the general population in our institute and included: Gestational age at delivery, mode of delivery, birth weight, Aggar score <7 at 5 minutes, the rate of cesarean sections (CS) indicated for fetal compromise, intra-uterine death rate and NICU admissions.

RESULTS: Overall 2410 women were referred for this reason, 769 of them were admitted for further evaluation. The control group consisted of 28119 women without reduced perception of fetal movements. Gestational age at delivery was 39.3 vs. 39.1 weeks in the control group (NS). The rate of Aggar score <7 at 5 minutes was 1.4% vs. 0.8% (P < .001). Operative and instrumental delivery was higher in the study group (26.1% vs. 24%, P < .05). The rate of CS indicated for fetal compromise was 23.8% vs. 17.1% (P < .001) and NICU admissions were 2.5% and 3.1%, for study and control groups, respectively (NS). 1641 women with reduced perception of fetal movements were discharged after resuming adequate perception of fetal movements and their perinatal outcome was not different from that of the control group.

CONCLUSION: Women referred to our ER with a complaint of reduced perception of fetal movements had higher rates of low Aggar score and CS indicated for fetal compromise, although NICU admissions were not increased. Perinatal mortality was not increased. Our study suggests that a protocol of increased monitoring and careful observation for subjectively reduced perception of fetal movements is justified.

ARE LOW RISK WOMEN WITH ADVANCED MATERNAL AGE CANDIDATES FOR ANTENATAL TESTING? MELISSA BUSH1, DAVID LAGREW JR1, ANNA MEREDITH1, JAMES T. KURTZMAN1, 1Saddleback Memorial Medical Center, Maternal Fetal Medicine, Laguna Hills, California, 2University of California, Irvine, OB/Gyn Maternal Fetal Medicine, Orange, California

OBJECTIVE: To determine at which maternal age low risk patients might benefit from antenatal testing to decrease the risk of stillbirth and perinatal asphyxia.

STUDY DESIGN: Rates of cesarean section for antepartum non-reassuring fetal status (CSNRFS) and stillbirth (SB) from a database of 60,368 singleton births were stratified according to maternal age in 2 year increments to determine breakpoints. Inclusion criteria were women > 26 weeks with prenatal care at 4 hospitals in the MemorialCare system from 1998-2003. Data were then categorized into age groupings (< 35, 35-37.9 and ≥ 38 ) and subdivided by the presence of medical complications of diabetes and hypertension (DM/HTN). Chi square analysis was used to compare categorical variables and rate ratios and confidence intervals determined.

RESULTS: When plotted in 2 year intervals, age ≥ 38 appeared to be the age above which the rate of CSNRFS/SB increased dramatically. Compared to women under 35 years, women 35-37 did not have a significantly increased rate of CSNRFS/SB (7.7/1000 vs. 6.8/1000, RR 1.15, 0.87-1.53) but an increased rate was present in women ≥38 (12.1/1000 vs. 6.8/1000, RR 1.81, 1.38-2.38). These differences persisted even in women without DM/HTN. Such women 35-37 were not at increased risk (3.9/1000 vs. 3.5/1000, RR 1.13, 0.75-1.71) but those ≥ 38 were at increased risk (6.3/1000 vs. 3.5/1000, RR 1.79, 1.21-2.66). When looking at these outcomes independently, maternal age ≥ 38 persisted as an independent risk factor for CSNRFS/SB, (8.2/1000 vs. 4.0/1000, RR 2.07, 1.48-2.88), but not for stillbirth alone (3.9/1000 vs. 2.8/1000, RR 1.41, 0.88-2.25).

CONCLUSION: Maternal age at delivery of ≥ 38 is an independent risk factor, even without the presence of diabetes or hypertension, for CSNRFS/SB. Our data support the use of antepartum testing in women ≥ 38 years but suggest that women without medical complications aged 35-37 are not at significantly increased risk to warrant testing.