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Comparing the pregnancy outcome in nulliparous both with and without micro albuminuria at the end of the second trimester of pregnancy

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Introduction: Poor pregnancy outcome and complications during pregnancy such as preeclampsia, preterm delivery, preterm premature rupture of membranes (PPROM) and intra uterine growth restriction (IUGR), are very important and the finding of new methods for their prediction has always been a matter of serious concern.

Objective: The purpose of the present study is to evaluate the poor pregnancy outcome in nulliparous who had micro albuminuria at the end of second trimester of their pregnancy.

Method: The study was conducted as a prospective cohort study on 490 nulliparous women who were at the end of the second trimester of pregnancy. Urine tests for albuminuria and creatinine measurements were performed in all women and an albumin creatinine ratio (ACR) was calculated according to milligram per gram. The women were then divided into 3 categories of severe, moderate and mild micro albuminuria according to the ratio. The women with micro albuminuria (case group) and without micro albuminuria (control group) were monitored to the end of their pregnancy and compared for preterm labor, preeclampsia, intra uterine growth restriction (IUGR) and preterm premature rupture of membranes (PPROM).

Results: Preterm labor [21 (55.26%) cases VS 65 (14.38%), $P=0.001$], preeclampsia [19 (50%) cases VS 39 (8.62%) cases, $P=0.0001$], IUGR [15 (39.47%) cases VS 30 (6.63%) cases, $P=0.001$] and PPRM [11 (28.94%) cases VS 47 (10.39%) cases, $P=0.001$] showed more in the case group than control group. Gestational diabetes did not show any significant difference between the 2 groups. Using multivariate logistic regression analyses, micro albuminuria showed an increased risk for PTL [Adjusted OR (95% CI) = 2.4 (1.1-5.5), $P=0.03$] and preeclampsia [Adjusted OR (95% CI) = 9.5 (4.6-19.3), $P=0.000$].

Conclusion: Micro albuminuria at the end of the second trimester of pregnancy may increase the risk of preterm labor, preeclampsia, IUGR and PPRM.