33. TINY SEEDS, MIGHTY STRUGGLES: PREGNANCY EVOLUTION IN INTRAUTERINE GROWTH RESTRICTION

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Introduction. Intrauterine Growth Restriction (IUGR) represents a very serious yet often silent threat to fetal and neonatal welfare, manifesting as a rate of fetal growth below the expected norm for a given infant. IUGR arises from a myriad of factors, encompassing maternal, placental, fetal and genetic influences. When talking about the antenatal aspects of IUGR, there is an imperative need for effective management strategies and preventive interventions to soften its potential long-term health consequences.

Aim of study. Assessment of the evolution of pregnancy, birth and perinatal outcomes in 294 pregnant women diagnosed with IUGR.

Methods and materials. The study was performed in the Tertiary Perinatal Center, Chisinau, Republic of Moldova (RM), over the last 3 years. We used clinical methods (assessment of uterine fundal height, hemodynamic parameters, auscultation of the fetal heart rate) and paraclinical methods (US exam, Doppler velocimetry on the uterine, umbilical, middle cerebral arteries of the fetus and/or the ductus venosus, coagulation tests, etc.).

Results. The incidence of IUGR remains well nigh unchanged in RM in the last 5 years (apr. 6.0%). The average age of the patients was 27±6.9 years, the most troublesome cases being appreciated in women under 18 years old and over 42 years old, relating IUGR in previous pregnancies, as well as reproductive losses, severe preeclampsia and TORCH infections in the mother. The diagnosis was mainly settled at multiparous (173 cases – 58,8 % cases), with various somatic conditions. The diagnosis was established in 100% cases by US exams. There were determined several maternal, fetal and placental risk factors. The associated maternal diseases were identified in 196 cases (66,6 %), such as: chronic hypertension, cardiovascular disease, diabetes mellitus, chronic pyelonephritis etc. There were also determined several cases of fetal diseases (91 cases – 30.9 %) and placental induced diseases (134 cases – 45,5 %). Pregnancies diagnosed with IUGR were complicated by: fetal hypoxia (69 cases – 23,4 %), severe preeclampsia (41 cases – 13,9 %), which integrates in the majority of the cases (103 cases – 35 %), indications to handling those clinical cases by C-section. Women delivered vaginally in 191 cases (64,9 %); in all cases, an epidural analgesia was performed. In 162 cases (55,1 %) pregnancies were finished at term and 132 cases (44,8 %) – prematurely. The perinatal mortality was determined in 10 cases, all pregnancies being managed between 26-30 weeks of gestation.

Conclusion. IUGR is a major-league problem, often associated with a number of complications, the basic treatment being the emergent termination of pregnancy, more often by C-section. According to these, it is necessary to address pregnant women to specialists to double-check the diagnosis and get a back-up plan about the management of pregnancy and delivery.