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[J. Wantania](#), [R. Lengkong](#), [M. Sanggелorang](#)

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dramatically. Gastric bypass is both a gastric restrictive and a malabsorptive procedure.

Decreased rates of the gestational complications are certainly among the major benefits of weight loss. Additionally, the literature regarding infant outcome suggests no increased risk after surgery. We argue, however, that proper recommendations should be followed, such as avoiding pregnancy during the first 18 months postoperation. We emphasize the need for early prenatal care, careful nutritional evaluation and vitamin and iron supplementation.

Conclusion: This case illustrates that both maternal and fetal risks are reduced after weight loss surgery, although some concerns regarding the safety of these procedures require additional measures to optimize the outcomes.

P153

Review of management of laparoscopic banding in pregnancy

M. Van de Venne, D. Hoy, R. Simms, J. Hyde, A. Johnson, T. Draycott. *Southmead Hospital, Bristol, UK*

Objectives: The prevalence of Laparoscopic Gastric Banding (LAGB) as a treatment for morbid obesity has risen five-fold over the past 10 years from 7 to 38 per 100,000, to meet the global epidemic of severe obesity, particularly in women of reproductive age. The optimal management of gastric banding in pregnancy, however, is not readily available.

Materials and Methods: We performed a literature search for the management of laparoscopic gastric banding in pregnancy and synthesized a management plan from the available evidence.

Results: There are two main management options in the literature:

1. The band is released throughout the pregnancy to reduce potential risks of pregnancy related complications of the band. We found one small series, in which all women gained weight.
2. The alternative is to actively manage the band from the second trimester, after having released it in the first trimester. This appears to offer benefits for both the woman and the fetus, with a 65% reduction in hypertension, 75% reduction in pre-eclampsia and 50% reduction in gestational diabetes, when compared with weight-matched controls.

Conclusion: Active management appears to offer benefits in small series. We suggest a management care plan.

P154

A health hazard – obesity among pregnant women

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Objective: To study the maternal and fetal risks of adverse pregnancy outcome in obese women compared with normal women (control).

Methods: Total of 200 singleton pregnancies were studied through case controlled study from January–June 2005 in GOVT Vellore Medical College and Hospital, vellore-11. The BMI evaluated. WHO definitions of normal weight (BMI 18.5–24.9 kg/m²), overweight (BMI 25–29.9 kg/m²) and in obese (BMI >30 kg/m²) were used for the mothers.

Results: A total of 160 normal (control), 24 overweight and 16 obese pregnancies were analysed. Incidence of PIH was 6% in normal and increased to 10% in overweight, 12% in obese. Incidence of GDM was 0.6% in control group and increased to 8.3% in overweight and 18.2% in obese. Caesarian section rate was 16% in control group, 25% in overweight and 31.2% in obese. Postpartum haemorrhage was 2.5% in control and increased to 12.5% in overweight and 18.7% in obese. Macrosomia was 0.5% in control group increased to 2% in overweight and 4% in obese.

Conclusion: Maternal obesity was found to increase the risk of PIH, GDM, caesarian section, PPH and perinatal mortality. The study stresses the importance of pre-pregnancy calculation of the BMI and

advice to bring the BMI to optimal range before conception, forms an important part of the contemporary antenatal management.

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Extrauterine pregnancy resulting from late spontaneous rupture of an unscarred gravid uterus

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Purpose: Rupture of the unscarred grand uterus is a rare obstetric event associated with major perinatal mortality and a high incidence of maternal mortality and morbidity, particular hysterectomy.

Methods and Results: We present a case of a primigravida woman who was admitted at 38 weeks of gestation complaining of intermittent abdominal pain and vaginal bleeding. Although initial evaluation suggested that both mother and fetus were doing well, continuous assessment resulted in caesarean section due to variable decelerations and increasing abdominal pain. An unexpected abdominal pregnancy was discovered resulting from a complete uterine rupture. A healthy infant was delivered and hysterectomy was performed.

Conclusion: Although extrauterine advanced abdominal pregnancy resulting from late uterine rupture is associated with high maternal and perinatal mortality, high index of suspicion, close surveillance and ultrasonography can achieve good outcome for both mother and infant. We strongly believe that this case report contributes to the insight and further knowledge of this rare pregnancy complication.

P156

High risk pregnancy factors and maternal–neonatal outcome in Prof. Kandou Hospital, North Sulawesi, Indonesia

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Objectives: To review the correlation between factors of high risk pregnancy with the outcome (maternal mortality, neonatal outcome, congenital anomaly, and labor management).

Design: Regression Correlation Study.

Setting: Obstetrics & Gynecology Department, Prof. Kandou General Hospital, Manado Material and methods: Subjects are pregnant women who labored in Prof. Kandou General Hospital in 2007. The high risk pregnancy cases was identified by “Poedji Rochjati” criteria, and grouped by the numbers of high risk factors. Analysis was done by SPSS 15, using correlation test χ^2 or correlation coefficient Spearman rho.

Results: It was found 1524 high risk pregnancy (45.16%) by the criteria. The most frequent risk factor was age ≥ 35 yo, 686 cases (45.01%). There was 3 maternal mortality (0.19%), $rs=0.045$ with $p=0.039$. There's 67 neonatal death (4.39%), 310 asfisia babies (20.34%), 1147 healthy baby (75.26%), and $\chi^2=37.092$ ($p<0.001$). There was 11 babies with congenital anomaly, $rs=0.041$ ($p=0.053$). The most frequent management of labor were Cesarean Section, 772 cases (50.6%).

Conclusion: Multiple high risk pregnancy factors have significant correlation with maternal mortality and neonatal outcome. The congenital anomaly has no significant correlation with high risk pregnancy factors.



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Type of Presentation: Poster presentation

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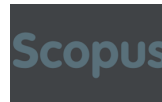
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1 Early Human Development	journal	1.017 Q1	73	165	351	5439	827	322	2.40	32.96	
2 Journal of Reproductive Immunology	journal	0.930 Q1	67	118	184	3690	513	176	2.88	31.27	
3 European Journal of Obstetrics, Gynecology and Reproductive Biology	journal	0.773 Q1	77	325	972	7216	1523	720	2.04	22.20	
4 International Journal of Gynecology and Obstetrics	journal	0.740 Q2	75	367	1025	6441	1492	963	1.36	17.55	
5 Maturitas	journal	0.642 Q2	78	191	453	7871	1086	414	2.52	41.21	

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HIGH RISK PREGNANCY FACTORS & MATERNAL-NEONATAL OUTCOME IN PROF KANDOU HOSPITAL NORTH SULAWESI - INDONESIA

JOHN WASTANTA*, JULY LENGKONG*, MARGIE C SANUGULURANG*

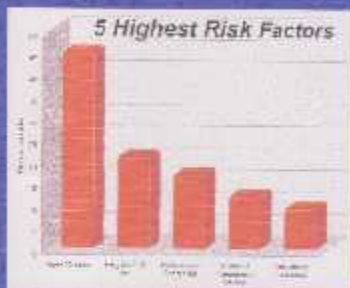
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Prof. Kandou General Hospital Manado – North Sulawesi – Indonesia

Objectives:

To review the correlation between factors of high risk pregnancy with the outcome (maternal mortality, neonatal outcome, congenital anomaly, labor management)

Methods:

Subjects are pregnant women who labored in Prof. Kandou General Hospital in 2007. The high risk pregnancy cases was identified by "Poedji Rochjati" criteria, and grouped by the numbers of high risk factors. Analysis was done by SPSS 15, using correlation test χ^2 or correlation coefficient Spearman rho.



HRP Risk Factors	Distribution Based on Number of Risk Factors		
	n	%	Death
Single Risk factor	498	40.6	3
Combination of 2 risk factors	432	35.1	0
Combination of 3 risk factors	150	12.2	0
Combination of 4 risk factors	44	3.6	3
TOTAL	1524	100	6

HRP Risk Factors	Baby's outcome after delivery			TOTAL
	Healthy baby	Asphyxia	Death	
Single Risk factor	724	150	39	904
Combination of 2 risk factors	301	107	29	432
Combination of 3 risk factors	87	47	0	140
Combination of 4 risk factors	7	11	3	21
TOTAL	1147	310	67	1524

$r_s = 0.045$ ($p = 0.039$)

$\chi^2 = 37.092$ ($P < 0.001$)

HRP Risk Factors	Congenital Defect		TOTAL
	Yes	No	
Single Risk factor	9	490	506
Combination of 2 risk factors	5	427	432
Combination of 3 risk factors	0	150	150
Combination of 4 risk factors	0	44	44
TOTAL	14	1513	1524

$r_s = 0.041$ ($p = 0.053$)

HRP Risk Factors	Delivery type			TOTAL
	Spontaneous delivery	Assisted delivery	Cesarean section	
Single Risk factor	537	46	325	904
Combination of 2 risk factors	76	25	330	432
Combination of 3 risk factors	15	2	123	140
Combination of 4 risk factors	0	0	21	21
TOTAL	633	73	809	1524

Results:

It was found 1524 high risk pregnancy (45.16%) by the criteria. The most frequent risk factor was age ≥ 35 yo, 686 cases (45.01%). There was 3 maternal mortality (0.19%), $r_s=0.045$ with $p=0.039$. There's 67 neonatal death (4.39%), 310 asphyxia babies (20.34%), 1147 healthy baby (75.26%), and $\chi^2=37.092$ ($p<0.001$). There was 11 babies with congenital anomaly, $r_s=0.041$ ($p=0.053$). The most frequent management of labor were Cesarean Section, 772 cases (50.6%).

Conclusions:

Multiple high risk pregnancy factors have significant correlation with maternal mortality and neonatal outcome. The congenital anomaly has no significant correlation with the numbers of high risk pregnancy factors.

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