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&  
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Abstracts of the XXIV FIGO World Congress of Gynecology  
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## Abstracts of the XXIV FIGO World Congress of Gynecology & Obstetrics

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in the Mexican population. Screening for social, clinical, and obstetric factors was performed. It was observed that family history for psychiatric illness (OR 6.6), history of depression (OR 5.4), economic hardship (OR 4.7) and single mothers (OR 7.6) were the statistically significant factors for developing PPD (CI 95%).

**Conclusion:** Mental health in pregnancy care is many times forgotten. PPD continues to be an underdiagnosed and untreated entity; in order to provide a better quality of life for the patient and her newborn, screening and treatment for this condition should be included comprehensively during perinatal care.

#### P17.50 | LONG-TERM MORTALITY AND RECOVERY AFTER PREGNANCY-ASSOCIATED STROKE

CATEGORY: PREGNANCY

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**Objective:** Pregnancy-associated stroke (PAS) is a rare event with increasing incidence. To our knowledge, there are no studies on long-term prognosis after PAS. We examined long-term mortality, recovery, and socioeconomic status (SES) after PAS.

**Method:** In this population-based study with chart validation, we included all women with PAS in Finland in 1987–2016 who survived the first year after the event ( $n = 236$ ). Further, three controls matched by delivery year, age, and parity were selected for each woman ( $n = 694$ ). Deaths by 2016 were identified from the Causes-of-Death Register. Recovery was assessed from hospital charts by Modified Ranking Scale (mRS). Data on SES for cases and controls were obtained from Statistics Finland.

**Results:** The median follow-up time was 11.8 years. Long-term mortality was 3.0% among women with PAS and 1.0% among controls (odds ratio [OR] 3.0, 95% confidence interval [CI] 1.0–8.7). At the end of follow-up, 89.8% of the women with PAS were independent in activities of daily living (mRS  $\leq 2$ ). Fewer women with PAS (65.9%) were at paid employment in 2016 compared to controls (79.1%) (OR 0.37–0.72) and being retired was more common in PAS group (18.2% vs 4.9%, OR 2.6–7.1).

**Conclusion:** In spite of higher mortality, the majority of women with PAS recovered well. Although the prognosis for SES was expectedly worse compared to controls, most women with PAS returned to work by the end of follow-up. These results can be utilized in counselling women after PAS of their long-term prognosis.

#### P17.51 | FETAL MORTALITY IN A CITY IN SOUTH BRAZIL BETWEEN 2006 AND 2015

CATEGORY: PREGNANCY

L. Wohlers<sup>1</sup>; P. Heineberg Müller<sup>2</sup>; R. Caroline Boege<sup>2</sup>  
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**Objective:** Describe the fetal mortality rate (FMR) in Itajaí, a city in south Brazil, between 2006 and 2015, and analyze the epidemiological profile of pregnant women in cases of fetal death.

**Method:** Descriptive and retrospective study. Information was obtained from the database of the national health system in Brazil. Information on gestational age at fetal death, maternal age and scholarly, type of delivery, birth weight as well as antepartum and intrapartum fetal mortality rate were included. Multiple pregnancies and deaths due to congenital malformation were excluded from the analysis.

**Results:** 171 fetal deaths happened during 2006–2015 in Itajaí, with a FMR of 5.9/1,000 births. 92.4% of fetal deaths occurred antepartum and 74.5% had a vaginal delivery. Prevalent variables of fetal death: mothers under 14 and over 35 years old, gestational age between 22 and 27 weeks. The FMR in fetus under 2500g at birth were 44.8%. 64.9% of fetal deaths were in illiterate mothers, 29% occurred due to placental complications and 15% due to maternal conditions.

**Conclusion:** Knowing the epidemiology of fetal death is important for promoting good health assistance during the pregnancy and to adopt preventive measures. The fetal mortality rate in Itajaí is high and it is necessary to embrace preventive measures.

#### P17.52 | THE INFLUENCE OF HIV INFECTION ON PERINATAL OUTCOMES

CATEGORY: PREGNANCY

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**Objective:** To analyze data on obstetric and perinatal outcomes in HIV-seropositive women.

**Method:** A retrospective analysis of 104 birth histories and outpatient records of pregnant women, as well as children's histories of HIV patients delivered in the period from 2018 to 2021 in maternity complexes No. 1, 8, 9 of Tashkent was carried out.

**Results:** In newborns, the discrepancy between weight and height to the gestation period in 42% of cases. The average height was 47 ± 2 cm, ranging from 41 to 50 cm. Within 48 h after delivery, the frequency of perinatal complications such as cerebral ischemia was observed in 32%, respiratory failure of varying severity—in 39% of cases, signs of intrauterine infection—in 31% of cases.

**Conclusion:** The analysis shows the need to predict and effectively prevent obstetric and perinatal complications long before the onset of labor.

**P17.53 | MATERNAL MORTALITY IN YOGYAKARTA AND THE DISASTROUS EFFECT OF COVID-19 PANDEMIC**  
CATEGORY: PREGNANCY

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**Objective:** We aim to describe the effect of Covid-19 pandemic on maternal mortality in Yogyakarta Indonesia, before (2018–2019) and during the Covid-19 pandemic (2020–2021).

**Method:** A cohort study in Yogyakarta from 2018 to 2021, where data of causes, covid-19 infection status, and delays were collected. All data were retrieved from maternal death and neonatal live birth register which are prospectively registered by provincial health office. Cause of death were distinguished to obstetric and non-obstetric according to ICD-MM by WHO. Three delays concept in maternal death was defined by Maine (1994). Descriptive statistics were used to analyze prevalence and maternal mortality ratio's (MMR).

**Results:** 245 maternal deaths were reported, 72 cases in 2018–2019 and 173 cases in 2020–2021 revealing respectively an MMR of 84.1 and 217.1 per 100.000 live births. Before and during pandemic respectively the following causes were reported: non-obstetric (37.5%, 59%), hemorrhage (30.6%, 15.6%), and hypertensive (19.4%, 12.1%). During the pandemic, 80 cases (46.2%) positive covid-19 and among them 63 cases died. Before pandemic, type 3 delay was the upmost (23.6%) while type 1 during pandemic (14.5%).

**Conclusion:** MMR rose tremendously, almost three times higher and many maternal deaths were because of covid-19. Non-obstetric was the major cause of death and the delays shifted from delay in receiving adequate health care to delay in the decision to seek care during the pandemic.

**P17.54 | DETERMINATION OF THE IDEAL TIMING OF DELIVERY AMONG GROWTH- RESTRICTED FETUSES AT LESS THAN 32 WEEKS AGE OF GESTATION USING A STAGE-BASED DOPPLER PROTOCOL FOR ADMITTED PATIENTS FROM JANUARY 1, 2010 TO SEPTEMBER 30, 2021 AT PHILIPPINE CHILDREN'S MEDICAL CENTER: A RETROSPECTIVE, COHORT STUDY**  
CATEGORY: PREGNANCY

M. Acosta Muldong  
Philippine Children's Medical Center, Philippines

**Objective:** The dilemma in EARLY-ONSET FETAL GROWTH RESTRICTION lies on timing the delivery via creating an ideal

balance between minimizing hypoxic injury versus iatrogenic pre-term delivery. The objective is to determine the ideal timing of delivery using a stage-based doppler protocol basing on the stage with the least acidosis and mortalities.

**Method:** A retrospective-cohort study of 67 singleton-pregnant women with early-onset fetal growth restriction who were hospitalized from January 2010 to September 2021 was conducted. Medical records were reviewed and outcomes were extracted. The primary outcomes were arterial pH at birth and mortality, while secondary outcomes included the birthweight, APGAR score, length of stay in the neonatal intensive care unit, surfactant use and neonatal complications. The doppler stage during delivery was identified and correlated with neonatal outcomes.

**Results:** Fetal growth restriction progressed by an average of three stages (41.79%) within a 2 to 3.5-week period. The prevalence of neonatal mortality was 16.42% and was low at Stages I and II (8.70% vs 18.75%). Acidosis is comparable in Stages II and Stage III (50% vs 50%). However, an increase in neonatal morbidities with a 63% increased risk of fetal death was seen when delivery is prolonged from Stage II to III (18.75% vs 50%).

**Conclusion:** Stage-based doppler protocol allows for the appropriate timing of delivery cognizant of the neonatal complications and mortalities. The recommended stage for delivery is STAGE II in which fetal acidosis and mortalities were low. Future studies should include a larger sample size to arrive at more statistically powered and conclusive results.

**P17.55 | PROFIL ÉPIDÉMIOLOGIQUE ET CLINIQUE DES DÉCÈS MATERNELS À L'HÔPITAL RÉGIONAL DE BAFOUSSAM-CAMEROUN DE JANVIER 2017 À DÉCEMBRE 2021**  
CATEGORY: PREGNANCY

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**Objective:** Malgré les efforts consentis par les organismes étatiques pour la réduction de la mortalité maternelle au Cameroun, les données actuelles suscitent de perpétuelles interrogations. Nous décrivons la situation épidémiologique et clinique des décès maternels dans la région de l'Ouest Cameroun.

**Method:** Nous avons mené une étude transversale descriptive avec collecte rétrospective des données durant une période de 5 ans à l'Hôpital Régional de Bafoussam. Les données ont été enregistrées grâce au logiciel Epi info version 7.2.2.6 et analysées.

**Results:** Nous avons retrouvés 65 dossiers, seuls 41 dossiers exploitables. La tranche d'âge 20–39ans (80.4%) était la plus représentée, ces patientes avaient un niveau socio-économique bas (87.9%) et des consultations prénatales de mauvaise qualité (78.05%). Les causes directes représentaient 95.2%. L'hémorragie du post partum (34%) était le diagnostic principal. Plus de 50% des patientes étaient prises en charge après un délai minimal de 30min dès l'admission. Près de 70% des patientes étaient décédées 120min après l'admission.