

Meconium aspiration syndrome in neonates – Maternal factors

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ABSTRACT

Background: Meconium aspiration syndrome (MAS) is a life-threatening respiratory disease in infants who are born with meconium-stained amniotic fluid. Current literature describes that nulliparity, post-date, diabetes mellitus, hypertension, prelabour rupture of membrane (PROM) and prolonged labour as the major risk factors associated with MAS. **Objective:** To determine maternal factors associated with MAS in neonates. **Method:** A retrospective audit was done for six consecutive months (April 2020 to September 2020) in our centre. 50 cases were identified of which 38 cases were analysed. Risk factors studied includes maternal demographic data, medical illnesses, intrapartum monitoring, liquor colour and cardiotocography. **Result:** All 38 MAS neonates were born at term, in which 60% carried beyond 40 weeks of gestation. 87% of cases came in spontaneous labour and 21% of them presented in advance labour. Most of the cases associated with meconium-stained liquor at birth and 75% of cases have abnormal CTG prior to birth. Maternal obesity, diabetes mellitus, hypertension, smoking and infections were not significantly related to occurrence of MAS. **Conclusion:** Post-date pregnancies are highly associated with MAS. We suggest offering delivery to mother who is post-date. As occurrence of MAS is a dynamic process, hospital admission for pregnancy beyond 40 weeks and 3 days gestation should be considered for close fetal heart monitoring.

Abdominal pregnancy: A case report

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ABSTRACT

Introduction: Abdominal pregnancy is rare and comprises 1% of all ectopic pregnancies. It can be potentially life-threatening if undiagnosed. It usually indicates early termination of pregnancy due to adverse fetal and maternal outcome. **Case Description:** We report a case of abdominal pregnancy in a 24-year-old lady, gravida 3 para 2 who presented at 16 weeks gestation with intermittent abdominal pain for two weeks. Clinical assessment revealed an abdominal mass that correspond to 16 weeks pregnancy. Transabdominal ultrasound (TAS) showed an empty uterus and a viable extrauterine pregnancy located in the Pouch of Douglas (POD). Fetal parameters were appropriate for gestational age. MRI showed abdominal pregnancy at right adnexa. She underwent a midline laparotomy under general anaesthesia. Intraoperatively, there was an intact amniotic sac with fetus at the POD extending to the right adnexa. The placenta was implanted to the right fallopian tube, ovary and posterior wall of uterus with involvement to the serosa layer. The ectopic pregnancy was excised, and right salpingo-oophorectomy was performed. She recovered well and was discharged home three days later and remained well at the third month follow-up visit. HPE report confirmed ruptured ectopic tubal pregnancy with adhered ovarian tissue. **Discussion:** Abdominal pregnancy does not normally present with clinical symptoms of ectopic pregnancy. Absence of endometrial lining during second trimester gestational sac should raise high suspicious index. Management should be done in tertiary centre with specialist expertise and multidisciplinary team such as anaesthetist and blood bank.