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best practices for better outcomes

VCU Institute for Women's Health
Virginia Commonwealth University
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Results: There was no statistical difference between the groups in relations to age, body mass index, weight of newborns and time of surgery. There was no difference in pain scores between the two groups, but patients who were submitted to minimally-invasive technique, used fewer doses of analgesic medication in the first 24 hours ($p \leq 0.04$).

Conclusions: Patients undergoing first cesarean section, under spinal block anesthesia by the minimally-invasive technique, present less consumption of analgesic medication in the post-operative than patients undergoing caesarean section by the classical technique.

09. TRENDS IN CIGARETTE SMOKING DURING PREGNANCY: 2009–2015

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Background: Cigarette smoking during pregnancy is related to adverse maternal and infant outcomes. Kaiser Permanente Northern California (KPNC) has a well-established prenatal substance abuse screening and treatment program called Early Start (ES) that identifies women who smoked cigarettes before and during pregnancy and provides treatment to assist women in quitting.

Objective(s): (1) To examine trends in cigarette smoking rates during pregnancy in KPNC over time and determine if reaching the Healthy People 2020 goal of 1.4% seems possible. (2) To compare the estimated KPNC rate of cigarette smoking during pregnancy to California and US rates.

Material/Methods: Of 273,516 women who completed ES Screening Questionnaires between 01/01/2009–12/31/2015, 8,882 indicated that they smoked during pregnancy (3.25%). Annual smoking rates with 95% confidence intervals were computed overall and by age and race/ethnicity categories, and were compared within each category using Cochran-Armitage Trend Tests. KPNC rates were compared to estimated California and US rates using chi-squared tests.

Results: In 2013, the estimated cigarette smoking rate during pregnancy in California was 2.5% vs 2.9% in KPNC ($p=0.62$). In 2011, the estimated rate in the US was 10% vs 3.6% in KPNC ($p=0.0001$). Annual cigarette smoking rates during pregnancy in KPNC decreased significantly over time, from 4.6% in 2009 to 2.4% in 2015 (trend test, $p=0.0001$). The rates also decreased significantly over time for all age and race/ethnicity categories examined, although the rates were higher overall among women who were <18 years old, White and Black, but lower overall among Asians and Hispanics.

Conclusions: The cigarette smoking rate during pregnancy in KPNC is significantly lower than the US rate and similar to the California rate. A significant downward trend in cigarette smoking during pregnancy was seen overall and by all age and race/ethnicity categories examined. KPNC has not yet reached the Healthy People 2020 goal, but is moving in that direction.

10. ART COUNSELING: INCLUSION OF WOMEN REQUESTING OOCYTE CRYOPRESERVATION

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Background: As more women delay childbearing for social, financial and personal reasons, elective oocyte cryopreservation is emerging as a means of preserving fertility. Data show that 1) many women are electing to preserve their eggs past the point of peak egg quality and 2) thawing them to pursue pregnancy several years later, placing themselves at advanced maternal age for pregnancy. Women seeking oocyte cryopreservation are usually not given comprehensive counseling at this time, as this may be viewed as simply a 'banking procedure.' Although most women are not actively seeking pregnancy at the time they request oocyte cryopreservation, they could benefit from the same counseling as those women requesting ART for immediate pregnancy options in order to make more informed decisions about whether to carry out this procedure and at what point in their life cycle they should seek pregnancy if they do preserve egg cells.

Objective(s): To assess current counseling recommendations for women undergoing elective oocyte cryopreservation.

Material/Methods: A search of PubMed and Clinical Key as well as individual fertility center and society websites was conducted to assess current counseling practices for elective oocyte cryopreservation.

Results: It is substantiated that uniform counseling guidelines are lacking for this group of ART patients presenting only for saving their oocytes. However, although a woman may be an ideal candidate for pregnancy at the point that she undergoes oocyte cryopreservation, possibly many years later, at the time of oocyte thawing this same woman may have multiple risk factors, which will increase her risk for pregnancy related maternal and fetal morbidity and mortality.

Conclusions: Given the increasing use of oocyte cryopreservation, we suggest that women be extensively counseled at the time they are requesting elective oocyte cryopreservation in the same manner that they are counseled when requesting ART for potential pregnancy.

11. EVALUATION OF ANAL CYTOLOGIES IN PATIENTS WITH HIGH-GRADE CERVICAL INTRAEPITHELIAL NEOPLASIA (CIN 2 AND 3) (PRELIMINARY DATA)

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Background: Cervical cancer is the third most frequent neoplasm in Brazilian women (estimated risk of 15.33 cases per 100,000 women by 2014), behind breast and colorectal cancer. Cervical cancer is closely linked to human papillomavirus (HPV) infection with the respective precursor intraepithelial lesions. Anal cancer accounts for 2 to 4% of all malignant neoplasms of the lower digestive tract. The intraepithelial lesion of low anal grade (LIEBG) has spontaneous resolution in most cases. The high-grade anal squint intraepithelial lesion (anal LIEAG) is considered precursor of the invasive tumor with a clear association with high-risk HPV subtypes. In addition, there is some evidence of the link between anal cancer and genital cancer. The causal relationship between this virus and cancer of

the cervix and the anus is established. The available data in the literature regarding the concomitance of infections in the different sites of the anogenital region in HIV-positive women are scarce and even more in patients without immunodeficiencies, which makes it impossible to answer this question safely.

Objective(s): To study changes in anal cytology of patients with high grade cervical intraepithelial neoplasia (CIN 2 and 3).

Material/Methods: Patients enrolled and attended to routine at Oncogynecology Outpatient Clinic of the Samuel Libânio Clinical Hospital of Pouso Alegre/MG, Brazil at a six-month period with diagnosis of high-grade cervical intraepithelial neoplasia (CIN 2/3) participated in the study. The control group includes patients attending basic gynecology clinic with no previous history or current diagnosis of cervical intraepithelial neoplasia. Anal cytologies was collected of all patients.

Results: To the present date, 23 patients in the control group and 43 patients in the study group were allocated. The mean age is 38.7 years, the mean age at the first sexual intercourse is 18.5 years. The average number of partners is 3.9 and 55.8% are smokers. In the control group, of the 23 anal cytologies 19 were considered normal, 3 were unsatisfactory because of material shortages and 1 with cellular alterations (ASC-US - 4.3% alteration). In the study group, 43 patients were evaluated with 40 examinations within the abnormality and 3 were suggestive of ASC-US (7.0%).

Conclusions: Although the work is in progress, the preliminary data seems to show no relationship between high-grade cervical intraepithelial neoplasia and anal intraepithelial neoplasia.

12. EFFICACY AND SAFETY OF USING BEMIPARIN DURING PREGNANCY

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Background: There are scarce data about the use of Bemiparin during pregnancy

Objective(s): To assess maternal-fetal safety and efficacy of bemiparin in pregnant women who have required the use of the low molecular weight heparin (LMWH) Bemiparin during gestation.

Material/Methods: Retrospective study of 71 pregnant women who used Bemiparin at some point during pregnancy. Sociodemographic characteristics of the pregnant women, dose and time of use, were analyzed. Efficacy of the drug was assessed by the occurrence of thrombotic (venous and/or arterial) events and maternal death during pregnancy. Maternal safety was assessed by clinical parameters of antenatal, postpartum, local puncture site reactions, heparin-induced thrombocytopenia and osteoporosis. Fetal safety was studied through the presence of congenital anomalies, abortions, preterm deliveries, and neonatal hemorrhage. Age of patients was 36.35 years (SD 4.03) and had a mean BMI of 25.64 (SD 5.64). The majority were nulliparous (53.5%). The indication of LMWH was in most cases prophylaxis (85.9%). The mean duration of bemiparin use was 185.73 days (SD 102.22). The most frequently used dose was 3500 IU (47.9%).

Results: Only one venous thrombotic event (1.4%) was reported, with no arterial, pulmonary thrombosis or maternal death during bemiparin use. Four cases (5.6%) of postpartum haemorrhages were observed, none of them requiring blood transfusions; There were no significant events of antepartum

hemorrhage. There were no reports of local reactions or significant bruising in the puncture site, heparin-induced thrombocytopenia (PIH) or osteoporosis. The majority of the patients were able to use epidural analgesia during delivery (80.3%). Regarding fetal safety, one case of neonatal hemorrhage and 12.7% of prematurity (below 37 weeks of gestation) were reported. The mean gestational age at birth was 38.07 weeks (SD 2.4) and the spontaneous onset of labor (52.5%) occurred in most of the patients. The rate of twin pregnancies was 8.5% (6/71). There were no cases of intrapartum acidosis or perinatal death.

Conclusions: Bemiparin is an effective and safe alternative during pregnancy.

13. PREGNANCY OUTCOME IN WOMEN WITH INFLAMMATORY BOWEL DISEASE WITH OR WITHOUT BIOLOGICAL MEDICATION

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Background: There are few data evaluating the results of pregnancy and the action of biological medication in women with inflammatory bowel disease.

Objective(s): To evaluate obstetric and perinatal outcomes and the action of biological medication in pregnant women with inflammatory bowel disease.

Material/Methods: Data were collected from 79 pregnant women with inflammatory bowel disease evaluated and followed up in the Unit of Autoimmune Diseases and Pregnancy of the University Hospital La Paz, Madrid, Spain. Demographic variables and patient background were recorded as well as the use of medication during gestation. Pregnant women were followed up until delivery and complications and obstetric and perinatal outcomes were recorded. In 9 cases, pregnant women used biological medication and this group was compared with the rest that did not use this medication. For the comparisons, Student's t-test and U of Mann Whitney were used according to the distribution of the variables. The chi square test was used for the comparison of qualitative variables. Previously established level of significance was 95% ($p < 0.05$).

Results: Maternal age was 34.03 ± 4.67 years. Weight, height and BMI were 63.34 ± 13.05 kg, 1.62 ± 0.06 m and 24.00 ± 4.71 kg/m^2 . 15.2% (12/79) were smokers. 34.1% (27/79) had had at least one previous abortion. Conception was by assisted reproduction in 13.9% (11/79). In 44 cases, it was a disease 0 and in the remaining 35 of the disease 1. In 10 cases (12.7%) there were twin pregnancies. The treatments were with EC in 5 cases (6.3%), MSZ in 29 (36.7%), SSZ in 1 (1.3%), Azathioprine in 15 cases (19%) and Biological in 9 cases. The PAPP-A MoMs were 1.10 ± 0.58 , and beta-hCG 1.30 ± 0.82 . TN measurement was 1.06 ± 0.37 mm. The Doppler studies and estimated fetal weight in the third trimester were normal. All patients in the first trimester, all in the second trimester and all but two in the third trimester remained stabler. Labor was induced in 32 cases (40.5%). Gestational age at delivery was 38.28 ± 2.05 weeks. Caesarean section rate was 39.2% (31/79). In only 1 case the Apgar test at 5 minutes was less than 7. Birthweight in absolute numbers and percentiles was 3087.56 ± 518.18 g and 56.15 ± 31.41 . The pH in the umbilical artery at birth was 7.19 ± 0.75 . Breastfeeding was maternal in 74.7% of the women (59/79). Comparing women underwent biological drugs or not, similar