Patologia médica e gravidez

(21690) - OUTCOMES OF TWIN PREGNANCIES ACCORDING TO CONCEPTION TYPE - RESULTS OF A TERTIARY CENTER IN LISBON

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Introdução

Twin pregnancy is associated with a higher risk of perinatal and maternal morbidity and mortality.

Close antenatal fetal surveillance is associated with better outcomes. The increasing success of assisted reproductive technology (ART) has contributed to the growing prevalence of ART-pregnancies, raising concerns regarding obstetric and neonatal outcomes. ART is also an important contributor to the rise of multiple pregnancies, which are per se high-risk gestations.

Objectivos

This study aims to compare the outcomes of twin pregnancies according to conception type.

Metodologia

A retrospective study was conducted. Twin pregnancies with both live births delivered in Santa Maria University Hospital between 2012-2019 were included. The following outcomes were compared: gestational hypertension, preeclampsia, gestational diabetes, cervical insufficiency, fetal malformations, fetal growth restriction (FGR), preterm delivery and NICU admission of at least one twin.

Resultados

249 pregnancies were included, 103 spontaneous gestations (32 % monochorionic, MC, and 68% dichorionic, DC) and 146 following ART (4% MC and 96% DC). Gestational diabetes was more common in ART-pregnancies (8,7% vs 25,2%, p 0,042). No statistically significant difference was found for the remaining outcomes (gestational hypertension 2% vs 3,4% p 0,512; preeclampsia 2% vs 6,1% p 0,110; cervical insufficiency 7,7% vs 11,6% p 0,897; fetal malformations 0,9% vs 3,8% p 0,327; FGR 24,2% vs 15,7% p 0,093; NICU admission 11,6% vs 15,7%, p 0,358; preterm delivery 23% vs 30,1% p 0.250 respectively).

Conclusões

In this group of twin pregnancies, gestational diabetes was identified as the only outcome significantly more frequent in ART-pregnancies. However, some outcomes were rare, albeit most of them more frequent in ART-pregnancies, and our sample might be underpowered to identify other statistically significant differences. Further studies are needed.

Palavras-chave: multiple pregnancy; preeclampsia; FRG; ART-pregnancies, gestacional diabetes, gestation hypertension